



# REQUEST FOR CREDIT MEMO

<b>TO:</b>	accounts.receivable@flinders.edu.au Attention: Revenue Officer	Telephone No: 8201 5450
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Name of Requestor		Telephone No.
College/Portfolio		

**THIS REQUEST MUST BE ACCOMPANIED BY SUPPORTING DOCUMENTS**  
 EG. LETTER FROM CLIENT/FUNDING BODY.

### PLEASE CANCEL INVOICE:

Debtor's Name	
Address	
Contact Name	

Reason for cancellation (Please give detailed explanation with attached supporting documentation)	Invoice Number	Amount

REQUESTOR'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_  
 (Must be independent of person who requested original invoice) (Print Name)

**I authorise this credit memo to be actioned and confirm that the details are correct.**

#### REVENUE TEAM USE ONLY

Credit Memo No:	.....
Credit Memo Date:	.....