SERVICE CREDIT RETURN

Invoice # _____
Date: _____

[Organization Name]
[Department/Office]
[Address Line 1]
[Contact Information]

PAYABLE TO / BENEFICIARY:

[Name/Member ID]
[Address]
[Account Number]

AUTHORIZED BY:

[Officer Name]
[Title]
[Authorization Reference]

Service Period / Description	Service Type	Unit Value	Total Credit

Subtotal: $ _____
Adjustments: $ _____
Total Return Value: $ _____

TERMS & CONDITIONS

This credit return is subject to official audit. Credits are non-transferable and valid only under the governing service regulations of [Organization Name].

Signature: _____

Date: _____