

AP ADJUSTMENT INVOICE

Adjustment #:
Date:

Vendor Information

Name:

ID:

Address:

Original Reference

Original Invoice #:

Original Date:

Reason Code:

Description / Reason for Adjustment	GL Account	Debit	Credit

Subtotal:

Tax Adjustment:

Net Adjustment:

Requested By

Authorized Approval

Note: This adjustment will be reflected in the next payment cycle.