CREDIT INVOICE

No: _____
Date: _____

FROM (VENDOR/SENDER):
BILL TO (CUSTOMER):

ORIGINAL INVOICE REF:
REASON FOR ADJUSTMENT:

SKU / ID	Description of Items / Return Reason	Qty	Unit Price	Total Credit

Subtotal: $ _____
Tax Adjustment: $ _____
TOTAL CREDIT: $ _____

NOTES/COMMENTS:

Authorized Signature
Receiving Department