CREDIT NOTE AUTHORISATION FORM

Invoice Number:				
Customer:				
Amount:				
Reason for Credit No	te:			
Account to be Credit				
Number		Name:		
Sub cost		Name:		
Original Invoice requested	by:			
Back up documentati	on:			
Invoice				
3 rd Party Confirmation,				
Invoice Requestor				
Finance Authorisatio				
Financial Accountant:			Date:	
Finance Manager			Date:	