

Billing Adjustment Slip

Adjustment Slip No.:

Date:

Customer Name:

Account Number:

Reason for Adjustment:

| Description | Original Amount | Adjusted Amount | Difference |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Remarks:

Prepared by:

(Signature over Printed Name)

Approved by:

(Signature over Printed Name)