

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)