

Invoice Correction Request Sheet

Requester Name:	<input type="text"/>
Department:	<input type="text"/>
Invoice Number:	<input type="text"/>
Invoice Date:	<input type="text"/>
Vendor Name:	<input type="text"/>
Description of Correction Needed:	<input type="text"/>
Original Amount:	<input type="text"/>
Corrected Amount:	<input type="text"/>
Date Requested:	<input type="text"/>
Approved By:	<input type="text"/>