



Credit Memo

Date _____

I#:
Credit: \$
Index:
Fund:
Organization:
Account Number:
Program:
Activity Code:

Vendor:

Vendor ID:

Amount to be Paid: \$

Vendor Invoice #:

Remittance Address:

Commodity Description (Must include P.O. or BR#)

User Dept. Approver:	A/P Associate:
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