



Clinical Trials/Clinical Research Invoice Adjustment Request Form

Calgary Centre for Clinical Research
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Calgary, AB, T2N 4Z6
CCCRinvoicing@ucalgary.ca

SECTION 1 Requestor Info

Date of Request:	Requested By:
Phone Number:	E-mail Address:

SECTION 2 Project Info

Project Name:	Faculty:
Project Owner Name:	Project Owner E-mail Address:
Project Owner Phone Number:	Project Owner Signature:

SECTION 3 Original Invoice Information

Customer Legal Name:	PeopleSoft Customer Number:
Original Invoice Number:	Supporting Documentation Attached?
Reason for Adjustment:	

SECTION 4 Adjustments Completed by Department

Credit Invoice Number:	Rebill Invoice Number: (if applicable)
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SECTION 5 Element(s) to Adjust (Complete All That Apply)

Correct Invoice Amount:	Correct Customer Number:
Correct Currency:	Apply GST?
Correct Chartfield String(s):	

Business Unit	Fund	Dept ID	Account	Internal	Project	Activity

SECTION 6 Special Notes or Instructions

CCCR Office Use Only

Date Request Received:	Request Approved By:
Date Request Approved:	