



# Invoice Adjustment Request Form

**Accounts  
Receivable**  
2500 University Drive NW  
Calgary, AB  
T2N 1N4  
[finance@ucalgary.ca](mailto:finance@ucalgary.ca)

**SECTION 1 Requestor Info**

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

**SECTION 2 Department Info**

Department Name:	Faculty:
Budget Owner Name:	Budget Owner E-mail Address:
Budget Owner Phone Number:	Budget 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)
------------------------	---

**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**

**Accounts Receivable Office Use Only**

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