



Credit Memo Transmittal Form

Murray State University
 Accounting & Financial Services
 2nd Floor, Sparks Hall
 Telephone: (270) 809-4126

Accounts Payable Internal Use Only

Credit Voucher # : _____

AP Entry Date: _____

Entered by: _____

PURPOSE: To inform Accounting & Financial Services of a credit memo to be applied to your account(s). Complete and attach this form to the front of the actual Credit Memo or Credit Invoice and submit to Accounting & Financial Services, 200 Sparks Hall. Use one Credit Memo Transmittal Form per invoice.

Requesting Department:

Department Name: Contact Phone:
 Contact Person Contact E-mail:

Credit Memo Information:

Vendor Name:

	<u>Campus</u>	-	<u>Account #</u>	-	<u>Sub-Code</u>	
Credit Account # (1):	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Credit Amount (1): <input type="text"/>
Credit Account # (2):	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Credit Amount (2): <input type="text"/>
Credit Account # (3):	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Credit Amount (3): <input type="text"/>
Credit Account # (4):	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Credit Amount (4): <input type="text"/>

The invoice number to which this credit applies:

The purchase order number to which this credit applies, if applicable: