



CARS INVOICE CANCELLATION FORM

From: _____ Department: _____
Date: _____ Phone Number: _____

CARS Invoice To Be Cancelled:

Invoice # _____

Name: _____

- Full Cancellation of Invoice
 Partial Cancellation of Invoice – Amount: \$ _____

Reason For Cancellation:

- Customer already paid by check for \$ _____ on _____
 Customer already paid by credit card; Date processed: _____
 Not collectible from customer
 Customer underpaid (small amounts only)
 Overcharged customer on original invoice
 Incorrect discount given on original invoice
 Customer returned items
 Invoice Cancelled; Rebilled on Invoice # _____
 Billed twice in error; Other invoice # _____
 Other. Please give detailed explanation:

Instructions:

Attach a copy of the CARS printout to this form, and submit to Business Office Room 206