



BOISE STATE UNIVERSITY

UNIVERSITY FINANCIAL SERVICES

Credit Memo, Void, Write-Off Request Form

Department Name: _____ Date: _____

Requester Name: _____

Organization/Customer Name: _____

Original Invoice Number: _____

Amount of Original Invoice: \$ _____

Please select one of the following:

Credit Memo

Void

Write – Off

Adjustment Reason: _____

Accounting String to Post Adjustment: _____
Fund(4).Department(5).CostCenter(7).Account(6).Supplemental(10).Interfund(4).Project(10).Future1(10)

Amount of Adjustment: \$ _____

**If this credit memo, void, or write-off results in a refund, please provide the customer name and address to send the refund check to.*

Customer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____