



Billing and Accounts Receivable

Invoice Cancel & Write-off Request Form

Complete the following form to request the cancelation or write off of an existing Invoice. A credit note will be issued to cancel and invoice. Write-off of an invoice will be to your bad debt account.

Customer Number	WES	Invoice No.	T
Customer Name			
Total Invoice Amount	\$	Currency Code	

Full Cancel Amount	\$
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Partial Cancel Amount	\$	Line #		HST	
Partial Cancel Amount	\$	Line #		HST	
Partial Cancel Amount	\$	Line #		HST	
Total Partial Amount	\$				

Reason for Cancellation or Write-Off

Customer Overcharged		Paid by Credit Card in Department	
Invoice Prepared in Error		Paid through UWO Account JE #	000
Customer Returned Goods		Replaced by Invoice #	T
Customer Will not pay		Customer Bankrupt	
Other			

Use accounts from Original Invoice	Yes	No
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Complete only if accounts have changed from Original Invoice

Speed Code	Account	Fund	Dept ID	Program	Project/Grant

Requester Name			
Department			
Phone Number		e-mail	

Fax completed form to the Accounts Receivable Office