

Banner Document #: _____ Requested Check Date: _____

Vendor Name: _____

Invoice #: _____ Date: _____ OSU P.O. #: _____

We have found it necessary to adjust your invoice as follows.

Amount of Invoice: _____
 Adjustment: _____
 Amount Payable: _____

Adjustment has been made. Please do not send a credit memo.

Reason for adjustment:

- Transportation costs deleted, terms were for FOB destination.
- Prices: terms, discounts, do not agree with quotation/contract.
- Quantity: unit price, extension price, incorrect.
- Materials received were incorrect: defective, and have been returned.
- Interest on overdue accounts can only be paid by the state of Oregon when a claim is not paid within 45 days from the date the invoice is received. Late payment charges are limited to 2/3 of 1% per month or 8% per year.
- Other: _____

Submitted by: _____

Telephone: _____ FAX: _____

**** Remit two copies, with invoice to Payables (one copy sent with payment, one retained with original invoice) ****