



ADJUSTED INVOICE REQUEST FORM-INTERNAL USE ONLY

* Please Complete and Email to Adjustments@EFSWW.com

SHIPMENT INFORMATION

Shipment ID:		Customer:	
Orig. Invoice Amount:		Address:	
Ship Date:		City, State, Zip:	
Invoice Date:		Requestor Name & Phone #:	

ADJUSTMENT INFORMATION

Detailed Reason for Invoice Adjustment Request:

****NOTE** – Attach all supporting documentation: Adjustments must be requested within 30 days of invoice

ADJUSTMENT DETAILS – ACCOUNTING USE ONLY

Adjusted in EFMS:		Adjusted In A/R:	
Adjusted in A/P:		Commission Adjustment Amt.:	
Commission Paid Date:		Commission Adjustment Date:	
Adjusted Invoice Sent to Customer:			

SIGNATURES – CORPORATE USE ONLY

Approved By:			
Signature:		Date:	

Updated 1.26.16