

CREDIT/DEBIT REQUEST

SDR No. : **0001**

Supplier's Name : _____ Date : _____

Inv. No. : _____ Inv. Date : _____

Reason for credit : _____

Qty.	Description	Unit Price	Adjusted U/Price	Difference	Amount
				TOTAL :	
				G.S.T.	
				Amount to be Credited :	

Sent by : _____