

Western University Financial Services Suite 6100, Support Services Bldg. Phone: 519-661-3870 or ext 83870 Fax: 519-661-3829 or ext 83829 accountsreceivable@uwo.ca

Invoice Cancellation & Write-off Request

Complete this form to request the cancellation or write off of an existing Invoice.

Customer Number WES							Invoice Number I					
Customer Name	1											
Original Invoice Amount				CAD	OUSD	Other			Cancel:	○ Total Invoice	Partial Invoic	
Partial Invoice	Cancellation br											
	Amount	HST	applicab	le								
Line #		0										
Line #		0										
Line #		0										
Line #		0										
Cancellation To	tal											
Select Reason fo	r Cancellation											
Customer Overcharged			Replac	Replaced By New Invoice T								
Invoice Prepare	0	Paid through UWO Account JE#										
Returned Goods			Paid by Credit Card in Department Other O									
Credit notes will be s	sent to the e-mail a	ddress	provided	below.								
Select Reason fo	or Write-off											
Customer Won't Pay Customer Bankrupt												
Write-offs will be ap	pplied to the unit's	bad de	ebt accou	nt 660800).							
O Use accounts	s from Original	Invoid	ce									
O New account	t - please enter ne	w accou	unt inform	ation								
Speed Code	peed Code Account			Fund	und Department ID		Pr	Program		Project/Grant		
				For accou	unts withou	ut speedcod	es					
C												
Comments												
Requester's Name							Phone Number				Ext.	
Email Address							Department					