



**THE LAWRENCE
HALL OF SCIENCE**
UNIVERSITY OF CALIFORNIA, BERKELEY

CARS INVOICE CANCELLATION FORM

From: _____ Department: _____

Date: _____ Phone Number: _____

CARS Invoice To Be Cancelled:

Invoice # _____

Name: _____

Full Cancellation of Invoice

Partial Cancellation of Invoice – Amount: \$ _____

Reason For Cancellation:

Customer already paid by check for \$ _____ on _____

Customer already paid by credit card; Date processed: _____

Not collectible from customer

Customer underpaid (small amounts only)

Overcharged customer on original invoice

Incorrect discount given on original invoice

Customer returned items

Invoice Cancelled; Rebilled on Invoice # _____

Billed twice in error; Other invoice # _____

Other. Please give detailed explanation:

Instructions:

Attach a copy of the CARS printout to this form, and submit to Business Office Room 206