



DEBIT MEMO

DATE: LOCATION # PO# DM#

VISION INV.# VENDOR INV.# RA#

REASON FOR DEBIT

_____ INCORRECT PRICING	_____ WRONG MDSE: SENT OR NOT ORDERED
_____ SHORT SHIPMENT	_____ VENDOR AUTHORIZATION TO RETURN
_____ DEFECTIVE MERCHANDISE	_____ OTHER. EXPLAIN: _____
_____ MERCHANDISE REFUSED	_____

EXPLANATION: (Attach supporting documentation or separate sheet if additional space is needed)

<u>P/N</u>	<u>DESCRIPTION</u>	<u>QTY</u>	<u>PRICE EA</u>	<u>TOTAL</u>

AMOUNT OF DEDUCTION \$

NOTE: THIS AMOUNT HAS BEEN DEDUCTED FROM OUR REMITTANCE AS NOTED.
 DO NOT SEND AN OFF-SETTING CREDIT. IF YOU FIND ANY DISCREPANCY, PLEASE ADVISE WITHIN 10 DAYS WITH FULL EXPLANATION AND REFERENCING THIS DEBIT NUMBER. THANK YOU.

LOCATION NAME: _____

VENDOR: _____

CITY ST. ZIP

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