

CR 60749

Adjustment Authorization Accounts Receivable Discrepancy Form

Paper Refund <input checked="" type="checkbox"/>	Credit Card Refund <input type="checkbox"/>	Adjustment <input type="checkbox"/>	Bad Debt Write Off <input type="checkbox"/>
Section required: 1,2,4,5,6,7,9,&10	Section required: 1,2,4,5,6,7,9,&11	Section required: 1,2,3,4,5,7,8,&9	
Section 1		Section 2	
Issue Date:	03/27/2019	Invoice #	2913061291
Market #:	329	Order #	1311900897
Site #:	119	Contract #	
Section 4		Section 5	
Advertiser Name	WV Free	Adv #	611872
Agency Name		Agency #	
Section 6		Section 7	
Payee Name	WV Free	Amount	\$ 10.20
c/o or attn: name			
Address	PO Box 11042		
City,ST, Zip	Charleston, WV 25339		
Phone #			
Section 9		Section 8	
Reason for task		AE Name	
		AE Employee #:	
		Section 10	
order prepaid but six spots missed		Method of Payment	
		Mail Check to Payee <input type="checkbox"/>	
		Check to Station <input type="checkbox"/>	
		Priority to Payee <input type="checkbox"/>	
		Priority to Station <input type="checkbox"/>	
Section 11		Radio AR Corp use only	
*Card Holder Name		AR Rep Name:	
Credit Card #		Date Completed:	
Expiration Date			
Transaction ID #			
Original Charge Date			

Market Approval Signature *Adam Wells*

Date 3/27/19

*Card Holder Signature _____
**must sign for Credit Card Refunds*

Date _____

AR Dept Approval Signature _____

Date _____