

Adjustment Authorization Accounts Receivable Discrepancy Form

Paper Refund <input 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:	4/3/2020	Invoice #	
Market #:	216	Order #	See Below
Site #:	100	Contract #	
Section 4		Section 5	
Advertiser Name	Citizens for Columbus State	Adv #	
Agency Name	Burgess & Burgess Strategists, Inc	Agency #	144174
Section 6		AX #	
Payee Name	Burgess & Burgess Strategists, Inc	Section 7	
c/o or attn: name		Amount \$2,425.00	
Address	26100 Lake Shore Blvd		
City, ST, Zip	Euclid, OH 44132		
Phone #			
Section 8		AE Name: Philadelphia, MMS	
Section 9		AE Employee #:	
Reason for task		Section 10	
Refund due to cancelation O#1510034954 \$832.14/O#1510034958 \$68/O#1510031067 \$763.29		Method of Payment	
O#1510031091 \$68/O#1510034959 \$346.80/O#1510031092 \$346.78		Mail Check to Payee	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G/L coding:		Check to Station	
		Priority to Payee	
Section 11		Priority to Station	
*Card Holder Name		Radio AR Corp use only	
Credit Card #		AR Rep Name:	
Expiration Date		Date Completed:	
Transaction ID #			
Original Charge Date			

Market Approval Signature _____

Date _____

*Card Holder Signature _____

Date _____

**must sign for Credit Card Refunds*

AR Dept Approval Signature _____

Date _____