

Your Company Name

Company Address Line 1
City, Country, ZIP

Debit Invoice

For Vendor Payment Adjustment

To,
Vendor Name
Vendor Company Name
Vendor Address Line 1
City, Country, ZIP
Debit Note No.: DN-2024-001
Date: 2024-06-07
Reference: PO-2024-1003

#	Description	Adjustment Amount	Remarks
1	Short Supply of Item X (Invoice INV-10015)	â,¹ 3,000.00	Qty short by 5 units
2	Rate Difference (Item Y, Invoice INV-10016)	â,¹ 1,250.00	Unit price overcharged
3	Other Deduction (Quality Issue, batch 2024A)	â,¹ 500.00	Refer Email 01/06/2024

Total Adjustment â,¹ 4,750.00

Narration:
This Debit Invoice is being issued towards pending payment adjustments as detailed above. Kindly adjust this amount against your account while processing further payments.

Prepared By:

Accounts Department

Authorized By:

Manager / Senior Official

- Important Notes:**
- This Debit Invoice should be cross-verified with related purchase orders and invoices.
 - Please contact the Accounts Department for any discrepancy within 7 days of receipt.
 - This document is valid only for internal and vendor reconciliation purposes.
 - No payment should be made on this document; it is meant solely for adjustment against vendor account balances.
 - Ensure all supporting documents are attached for smooth processing of adjustments.