



# Invoice Overpayment Process Request

Complete and return to the Accounts Receivable Office Unit # 5767

Section 1

|                        |                      |                                      |                      |
|------------------------|----------------------|--------------------------------------|----------------------|
| <b>Customer Name:</b>  | <input type="text"/> | <b>Customer Number:</b>              | <input type="text"/> |
| <b>Invoice Number:</b> | <input type="text"/> | <b>Credit Balance on Invoice: \$</b> | <input type="text"/> |

Section 2

**Complete:** Please indicate the appropriate action(s) for credit balance on the invoice indicated above.

A. The overpayment is due to interest paid:  
Deposit the credit to account number --- 299999-00000-0361

B. This invoice was overpaid and needs to be refunded to the customer.

Customers TIN:   Send Supporting Documentation

Amount of Refund: \$

Mailing Address:

Attention:

C. Transfer overpayment to the following invoices:

|                 |                      |            |                      |
|-----------------|----------------------|------------|----------------------|
| Invoice Number: | <input type="text"/> | Amount: \$ | <input type="text"/> |
| Invoice Number: | <input type="text"/> | Amount: \$ | <input type="text"/> |
| Invoice Number: | <input type="text"/> | Amount: \$ | <input type="text"/> |

Justification:

Must provide documentation that customer has approved the transfer of overpayment to other invoices.

Section 3

**Departmental Approval:**

Prepared by:  Date:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Account's Responsible Person

Section 4

**Grants Office and Accounts Receivable Use Only:**

|   |       |
|---|-------|
| _____   | _____ |
| Grants Office Reviewed and Approved By (Only Needed for Grant Accounts) | Date  |
| _____   | _____ |
| Accounts Receivable Entries Completed By                                | Date  |