



Adjustment Form

Please use this form to calculate the organization's final bill.

Date: _____

Midwest Community Fundraising, Inc.
 1351 Spring Lawn Avenue • Cincinnati, OH 45223-1686
 (513) 542-2555 • 1-800-552-FUND
 FAX 1-800-469-7201 mcf@fuse.net

Account Name: _____

Purchase Order #: _____

| Invoices | |
|--------------------------|--------|
| Number | Amount |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Total Billing (a) | _____ |

| Additional Credits | |
|--------------------|--------|
| Description | Amount |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Total (b) | _____ |

Comments/Notes

| Returns/Credits | | | | | |
|--|-------------|-------|---|----------|-------|
| Please code each item from the table below. | | | | | |
| <i>TS = True short, customer never received</i> | | | <i>R = Item returned to rep inventory</i> | | |
| <i>D = Damaged, thrown away, did not return</i> | | | <i>M = Item returned to MCF inventory</i> | | |
| Item# | Description | Qty. | Cost Ea. | Extended | Code |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Total Returns (c) | | | | | _____ |

TOTAL BILLING (a) _____

TOTAL CREDITS (b) + (c) _____

NET DUE: _____

Make checks payable to Midwest Community Fundraising, Inc.

Payment Due Date _____

Sponsor _____

Sales Rep _____