

**TAMUS Health Science Center
FAMIS A/R Invoice Adjust**

	Invoice Number	Description	Adjust Date	D/C	Amount of Adjustment
Ex:	Axxxxxx				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Total					

**Data Entry on
Screen-612**

C - to decrease
D - to increase