## **DEDUCTION ADVICE**

Deduction Serial #:			Date:		
Invoice # & Date:					
Supplier Name:					
Material Description					
Material Name	Received Qty	Rejected Qty	Reasons for R	ejection	Rejection %
		5			
Rate / Unit:					
Total Amount (Rejected):					
, ,					
Expenses:					
Total Cost of Re-works:					
Inspection charges:					
Transportation & Other cha	arges:				
Total Amount of Expenses	on Rejected ma	iterials:			
Total Amount Deduction	Amount:				
Supplier Sign:			Date:	(Contact:	
Deduction Requested Sign			Date:		
Quality Manager Sign:			Date:		
Procurement Manager Sign			Date:		