

# CREDIT MEMO

IN-PATIENT

HOSPITAL

DEPT. \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

PATIENT \_\_\_\_\_ ROOM OR WARD NO. \_\_\_\_\_

FOR: _____	AMOUNT	

FORWARD ORIGINAL COPY TO BOOKKEEPING DEPT. IMMEDIATELY

SIGNED \_\_\_\_\_

PRESCRIBED BY STATE BOARD OF ACCOUNTS

FORM NO. CH-17 (1963)

# CREDIT MEMO

IN-PATIENT

HOSPITAL

DEPT. \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

PATIENT \_\_\_\_\_ ROOM OR WARD NO. \_\_\_\_\_

FOR: _____	AMOUNT	

FORWARD ORIGINAL COPY TO BOOKKEEPING DEPT. IMMEDIATELY

SIGNED \_\_\_\_\_

PRESCRIBED BY STATE BOARD OF ACCOUNTS

FORM NO. GH-17 (1963)

# CREDIT MEMO

IN-PATIENT

HOSPITAL

DEPT. \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

PATIENT \_\_\_\_\_ ROOM OR WARD NO. \_\_\_\_\_

FOR: _____	AMOUNT	

FORWARD ORIGINAL COPY TO BOOKKEEPING DEPT. IMMEDIATELY

SIGNED \_\_\_\_\_

PRESCRIBED BY STATE BOARD OF ACCOUNTS

FORM NO. GH-17 (1963)

# CREDIT MEMO

IN-PATIENT

HOSPITAL

DEPT. \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

PATIENT \_\_\_\_\_ ROOM OR WARD NO. \_\_\_\_\_

FOR: _____	AMOUNT	

FORWARD ORIGINAL COPY TO BOOKKEEPING DEPT. IMMEDIATELY

SIGNED \_\_\_\_\_