

Health PEI

One Island Health System

Invoice Adjust Distribution

VENDOR NAME:

SITE:

ORIGINAL BATCH:

Invoice Date:

Invoice No.:

Invoice Desc:

Line #		Dept Code	Service Code	Facility Code	Primary Code	Secondary Code	Program Code	Amount
	Old Distribution							
	New Distribution							
	Old Distribution							
	New Distribution							

Details:

Prepared By:

Date:

Approved By:

Date: