DISPUTED INVOICE STATEMENT

Accounts Payable Department

Date: _____

Dispute Ref #: _____

CUSTOMER INFORMATION

Company Name:

Contact Person:

Phone:

Email:

VENDOR INFORMATION

Vendor Name:

Account Number:

Contact Person:

Email/Phone:

INVOICE DETAILS UNDER DISPUTE

INVOICE #	INVOICE DATE	ORIGINAL AMOUNT	DISPUTED AMOUNT	UNDISPUTED AMOUNT (SHORT PAID)

REASON FOR DISPUTE

- ☐ Pricing Mismatch / Incorrect Rate
- ☐ Incorrect Quantity Billed
- ☐ Goods Damaged / Defective
- ☐ Items Not Received / Short Shipment
- ☐ Services Not Rendered / Incomplete
- ☐ Duplicate Billing
- ☐ Sales Tax Incorrectly Charged
- ☐ Other (Specify in Comments below)

DETAILED EXPLANATION & SUPPORTING COMMENTS

Authorized Customer Signature

Date: _____

Vendor Acknowledgment Signature

Date: _____