

# INVOICE DISCREPANCY & OVERCHARGE DISPUTE FORM

Please complete this form to initiate a formal billing dispute investigation.

## Customer Information

CUSTOMER / COMPANY NAME

ACCOUNT NUMBER

CONTACT PERSON

EMAIL ADDRESS

PHONE NUMBER

## Disputed Invoice Details

INVOICE NUMBER

INVOICE DATE

PAYMENT DUE DATE

TOTAL BILLED AMOUNT (\$)

CORRECT / EXPECTED AMOUNT (\$)

DISPUTED AMOUNT (\$)

## Reason for Dispute

- INCORRECT RATE / OVERCHARGE
- DUPLICATE BILLING
- GOODS/SERVICES NOT ORDERED
- GOODS/SERVICES NOT RECEIVED
- MISSING PROMOTIONAL CODE / DISCOUNT

OTHER (SPECIFY BELOW)

### Detailed Description of Discrepancy

PROVIDE SUPPORTING EXPLANATION AND ITEM REFERENCE NUMBERS

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I hereby certify that the information provided above is true and accurate to the best of my knowledge, and that the disputed amounts indicated are currently being withheld pending resolution.

\_\_\_\_\_  
Authorized Customer Signature

\_\_\_\_\_  
Date

[Submit Dispute](#)