DISPUTED INVOICE CLARIFICATION STATEMENT

DATE OF STATEMENT

DISPUTE REFERENCE NUMBER

CUSTOMER INFORMATION

COMPANY NAME

CONTACT PERSON

PHONE NUMBER

EMAIL ADDRESS

BILLING ADDRESS

VENDOR INFORMATION

VENDOR NAME

ACCOUNT NUMBER

CONTACT PERSON

EMAIL ADDRESS

DISPUTED INVOICE DETAILS

INVOICE NUMBER	INVOICE DATE	TOTAL INVOICE AMOUNT	DISPUTED AMOUNT

REASON FOR DISPUTE

☐ Incorrect Pricing / Billing Rate

☐ Items / Services Not Received

☐

☐ Damaged / Defective Goods

☐ Duplicate Billing

☐ Incorrect Tax Calculation

☐ Other (Specify below)

DETAILED CLARIFICATION & REMARKS

PROPOSED RESOLUTION

PREPARED BY (CUSTOMER AUTHORIZED SIGNATURE)

SIGNATURE

PRINTED NAME / TITLE

DATE

ACKNOWLEDGED BY (VENDOR REPRESENTATIVE)

SIGNATURE

PRINTED NAME / TITLE

DATE