NOTICE OF DISPUTED INVOICE AMOUNT

From:

To:

Date of Notice:

Disputed Invoice Number:

Invoice Date:

Total Invoice Amount:

Dear _____,

Please accept this document as formal notice that we dispute the payment obligation for the invoice referenced above. Specifically, we are disputing the amount of _____ out of the total invoiced amount of _____.

We intend to withhold payment of the disputed amount until this matter is resolved. We have paid, or intend to pay, the undisputed amount of _____ on or before the original payment due date.

Detailed Reason(s) for Dispute:

Disputed Items Breakdowns:

Item / Ref #	Description of Discrepancy	Invoiced Amt	Corrected/Proposed Amt

We request that you review your records and provide the necessary corrections, supporting documentation, or a revised invoice. Please contact the undersigned to discuss resolution of this dispute.

_____

Authorized Representative Signature

Name:

_____

Title:

_____

_____

Date

Phone:

_____

Email:

_____