DISPUTED INVOICE NOTIFICATION

Form Status: Pending Review

FROM (DISPUTING PARTY)

COMPANY NAME

CONTACT PERSON

EMAIL ADDRESS

PHONE NUMBER

TO (INVOICING PARTY)

COMPANY NAME

ATTENTION TO

EMAIL ADDRESS

DATE SUBMITTED

INVOICE DETAILS UNDER DISPUTE

INVOICE NUMBER	INVOICE DATE	TOTAL INVOICE AMOUNT	DISPUTED AMOUNT

REASON FOR DISPUTE

☐ Incorrect Pricing / Rate Error

☐ Goods / Services Not Received

☐ Duplicate Billing

☐ Damaged or Defective Items

☐ Incorrect Quantity Delivered

☐ Other (Specify below)

DETAILED EXPLANATION OF DISPUTE

PROPOSED RESOLUTION / ACTION REQUESTED

AUTHORIZED DISPUTING REPRESENTATIVE

DATE

ACKNOWLEDGED BY (INVOICING PARTY)

DATE