OFFICIAL STATEMENT OF DISPUTED CHARGES

Document for Formal Invoice Dispute Resolution

Disputing Party Details

Company Name:

Contact Person:

Email Address:

Phone Number:

Statement Details

Statement Date:

Reference Number:

Recipient Company:

Account Number:

Invoice Number	Invoice Date	Original Amount	Disputed Amount	Disputed Item / Service Name
		Total Disputed Amount:		

Detailed Explanation of Dispute

By signing below, the authorized representative declares that the dispute details provided above are accurate and made in good faith.

Authorized Signature

Name:

Title:

Date