

VENDOR BILLING DISCREPANCY CLAIM FORM

Submit completed form with supporting documentation to the billing department.

CLAIMANT INFORMATION

Company Name

Contact Name

Phone Number

Email Address

VENDOR INFORMATION

Vendor Name

Account Number

Contact Name

Email/Phone

DISCREPANCY DETAILS

INVOICE#	INVOICE DATE	PO NUMBER	AMOUNT BILLED	CORRECT AMOUNT	DISCREPANCY AMOUNT

REASON FOR DISPUTE

- Pricing Error (Incorrect Unit Price)
- Quantity Error (Overcharged / Under-shipped)
- Duplicate Billing
- Tax / Freight Charge Discrepancy
- Items Not Received
- Unapproved Surcharges / Fees
- Missing Discount / Rebate Promotion
- Other (Specify in notes below)

DETAILED EXPLANATION / NOTES

SUPPORTING DOCUMENTATION ATTACHED

- Copy of Invoice(s)
- Purchase Order (PO)
- Receiving/Packing Slip

SUBMITTED BY (SIGNATURE)

Date

REVIEWED / APPROVED BY (SIGNATURE)

Date
