BILLING DISPUTE STATEMENT

FROM (CUSTOMER INFORMATION)

TO (VENDOR INFORMATION)

DISPUTE DETAILS

Statement Date:

Customer Account No:

Dispute Reference No:

Please accept this document as formal notice of a billing dispute regarding the invoices listed below. We request that the disputed amounts be investigated and resolved. The undisputed portions of these billings will be processed according to our standard payment terms.

INVOICE #	INVOICE DATE	BILLED AMOUNT	DISPUTED AMOUNT	REASON FOR DISPUTE
Total Disputed Amount:				

ADDITIONAL COMMENTS / SUPPORTING DOCUMENTATION NOTES

AUTHORIZED CUSTOMER SIGNATURE

Name:

Title:

Date:

VENDOR ACKNOWLEDGMENT (INTERNAL USE)

Name:

Title:

Date: