BILLING DISCREPANCY STATEMENT

SUBMITTED BY

Company Name:

Contact Person:

Phone:

Email:

SUBMITTED TO

Company Name:

Attention To:

Phone:

Email:

DISPUTED INVOICE INFORMATION

Invoice Number:

Invoice Date:

Dispute Date:

Original Amount:

Disputed Amount:

Expected Amount:

DISCREPANCY DETAILS

Item / Ref No.	Description of Issue	Invoiced Amt	Expected Amt	Difference / Dispute Reason

Item / Ref No.	Description of Issue	Invoiced Amt	Expected Amt	Difference / Dispute Reason

ADDITIONAL COMMENTS / REMARKS

Prepared By (Signature & Date)

Authorized Approval (Signature & Date)