FORMAL INVOICE DISPUTE DECLARATION FORM

Document Submission for Disputed Billing Charges

1. DISPUTING PARTY INFORMATION

Company Name

Contact Name

Phone Number

Email Address

2. INVOICE REFERENCE DETAILS

Invoice Number

Invoice Date

Total Invoiced Amount

Disputed Amount

3. NATURE OF DISPUTE

Please check all boxes that apply to this dispute request:

- ☐ Incorrect pricing or rate applied
- ☐ Quantity discrepancy (items not received / partially received)
- ☐ Damaged or defective goods/services
- ☐ Duplicate billing charges
- ☐ Taxes, shipping, or fee miscalculation
- ☐ Goods or services not ordered
- ☐ Other (specify details below)

4. DETAILED DESCRIPTION OF DISPUTE

Provide a detailed explanation of the disputed charges, reference materials, or calculations:

5. PROPOSED RESOLUTION / CORRECTIVE ACTION

State the proposed correction or resolution requested to resolve this matter:

6. DECLARATION & SIGNATURE

I hereby declare that the information provided in this dispute form is accurate and complete to the best of my knowledge.

Authorized Representative Signature

Date

Printed Name

Title / Position