INVOICE ERROR AND DISPUTE STATEMENT FORM

1. DISPUTING PARTY INFORMATION

COMPANY / ORGANIZATION NAME

ACCOUNT NUMBER

CONTACT PERSON NAME

TITLE / POSITION

EMAIL ADDRESS

PHONE NUMBER

2. ORIGINAL INVOICE DETAILS

INVOICE NUMBER

INVOICE DATE

ORIGINAL TOTAL INVOICED AMOUNT

PAYMENT DUE DATE

3. NATURE OF DISPUTE

- [ ] INCORRECT PRICING / RATE
- [ ] INCORRECT QUANTITY
- [ ] GOODS / SERVICES NOT RECEIVED
- [ ] DUPLICATE BILLING
- [ ] DAMAGED / DEFECTIVE GOODS
- [ ] TAX / FEE MISCALCULATION
- [ ] PREVIOUSLY PAID AMOUNT NOT CREDITED
- [ ] OTHER (SPECIFY BELOW)

4. DISPUTED ITEMS BREAKDOWN

ITEM #	DESCRIPTION OF DISPUTED ITEM / SERVICE	BILLED AMT	CORRECT AMT	DISPUTED AMT
			Total Disputed Amount:	
			Remaining Undisputed Amount to be Paid:	

5. DETAILED EXPLANATION & SUPPORTING DOCUMENTATION COMMENTS

6. AUTHORIZATION AND ACKNOWLEDGEMENT

By signing below, I certify that the information provided in this dispute statement is true, accurate, and complete to the best of my knowledge. I understand that the undisputed portion of the invoice remains due and payable according to the original payment terms.

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

PRINTED NAME

TITLE / POSITION