

**INVOICE DISPUTE NOTIFICATION**

STD. 209 (REV. 7/2006)

<b>VENDOR ADDRESS</b>  <div style="border: 1px solid black; height: 80px; width: 480px; margin: 10px auto;"></div>	DATE OF DISPUTE
	INVOICE NUMBER
	AMOUNT
	INVOICE DATE
	REFERENCE NUMBER(S)

\_\_\_\_\_ (fold) \_\_\_\_\_

**The invoice referenced above is disputed for the following reasons:**

- |   |  |
|---|--|
| <input type="checkbox"/> Goods/Services not received  | <input type="checkbox"/> Duplicate billing                     |
| <input type="checkbox"/> Noncompliance with contract  | <input type="checkbox"/> Invoice belongs to another department |
| <input type="checkbox"/> Incorrect billing/amount due | <input type="checkbox"/> Damaged goods                         |
| <input type="checkbox"/> Partial shipment received    | <input type="checkbox"/> Invoice not properly executed         |
| <input type="checkbox"/> Other _____                  |  |

**THIS NOTIFICATION IS A FOLLOWUP TO A PHONE CONVERSATION WITH THE PERSON FROM YOUR COMPANY WHOSE NAME APPEARS BELOW**

NAME	DATE OF CONVERSATION
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**IF YOU HAVE ANY QUESTIONS REGARDING THIS DISPUTE, CONTACT:**

NAME
E-MAIL
TELEPHONE NUMBER

<b>RETURN A COPY OF THIS NOTIFICATION WITH THE CORRECTED INVOICE (IF APPLICABLE)</b>  <b>(For your convenience, the return address has been positioned for use in a window envelope.)</b>  <div style="border: 1px solid black; height: 80px; width: 480px; margin: 10px auto;"></div> <b>RETURN TO:</b>	<b>FOR STATE AGENCY USE ONLY</b>	
	DATE DISPUTE RESOLVED	INITIAL
	RESOLUTION	

**DISTRIBUTION:**

Vendor — original and one copy  
Purchasing — one copy  
Accounting — one copy  
File — one copy