

Billing and Invoice Dispute Ticket Form

Instructions: Please complete all fields below to initiate your invoice dispute. This form is formatted for print record-keeping.

1. Customer Information

Customer Full Name:

Account Number:

Email Address:

Phone Number:

2. Invoice Information

Invoice Number:

Invoice Date (MM/DD/YYYY):

Total Invoice Amount (\$):

Disputed Amount (\$):

3. Dispute Details

Reason for Dispute (e.g., Incorrect Rate, Missing Credit, Double Billing):

Detailed Explanation of Dispute:

Expected Resolution / Requested Adjustment:

4. Authorization and Sign-Off

By signing below, I certify that the information provided in this dispute form is true and accurate to the best of my knowledge.

Authorized Signature (Sign here after printing): _____

Printed Name:

Date Signed (MM/DD/YYYY):