

RECEIVABLES INVOICE DISPUTE

DGS OFS 1007 (Rev. 03/2018)

SECTION A - COMPLETED BY ACCOUNTING

PROGRAM OFFICE	PROGRAM OFFICE CONTACT	CONTACT PHONE NUMBER	
PROGRAM OFFICE ADDRESS	CITY	STATE	ZIP

SECTION B - COMPLETED BY ACCOUNTING

DISPUTE DATE	CUSTOMER ACCOUNT NUMBER	AMOUNT
CUSTOMER NAME		

INVOICE NUMBER 1	INVOICE NUMBER 2	INVOICE NUMBER 3	INVOICE NUMBER 4	INVOICE NUMBER 5	INVOICE NUMBER 6
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REASON FOR DISPUTE

CUSTOMER CONTACT NAME	PHONE NUMBER
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SECTION C - COMPLETED BY ACCOUNTING

PREPARED BY	PHONE NUMBER	DATE
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SECTION D - PROGRAM OFFICE - REPLY TIMEFRAME

Please review your disputed invoice(s) and RETURN A COPY OF THIS FORM to Service Revolving Fund (SRF) Fiscal Services within 60 calendar days from the dispute date shown above. If a response is not received by this timeframe, the invoice(s) will automatically be reversed. This reversal will result in a reduction of revenue to your office.

SECTION E - COMPLETED BY PROGRAM OFFICE

We have reviewed the disputed invoice(s) and confirmed the invoice(s) to be:

VALID: The customer has been notified and agreed to pay the invoice(s) amount.

INVALID: By separate cover, we will be forwarding a Billing Adjustment to credit the invoice(s) amount.

PENDING: We are working on resolving the disputed invoice(s) with the customer.
Will be resolved by _____

SECTION F - COMPLETED BY PROGRAM OFFICE

PREPARED BY	PHONE NUMBER	DATE
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SECTION G - COMPLETED BY ACCOUNTING - Disputed Invoice Reversed

CLEARED BY	DATE
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