

Interagency Invoice Inquiry

From:

Agency: _____
Address: _____

Phone: _____
Fax: _____
TDD: _____

Our Contact Person for this Inquiry: _____ email: _____

To:

Agency: _____
Address: _____

Phone: _____
Fax: _____
TDD: _____

Agency Number: _____

Your Contact Person per invoice: _____ email: _____

Invoice Number: _____

Invoice Date: _____

Amount in dispute: _____

Have you paid the undisputed amount: YES / NO

Contract/Matter Number: _____

Dates Involved: _____

Client Number: _____

Hours/Items Involved: _____

INQUIRY: (Identify issues or objections)

Please fill out this form and attach a copy of the page or pages of the invoice that pertain to the issues you are questioning.

Tracking Information:

Date Received: _____
Assigned to: _____

Date Completed: _____
Completed by: _____

Results:
