

Interagency Dispute Resolution Process INQUIRY NOTIFICATION

INITIATOR: (Agency initiating IDRP inquiry.)

Agency: _____
Address: _____

Check one: Biller Debtor

Phone: _____
Fax: _____
TDD: _____

Agency Number: _____
Our Contact Person for this Inquiry: _____

Treasury Account No.: _____
email: _____

RESPONDENT: (Agency with whom dispute involves.)

Agency: _____
Address: _____

Phone: _____
Fax: _____
TDD: _____

Agency Number: _____
Agency Contact Person: _____

Treasury Account No.: _____
email: _____

ADDITIONAL PARTIES: If there are additional parties to this dispute, please include them on a separate page.

ISSUE EXPLAINED:

Invoice Number(s): _____

Invoice Date(s): _____

Amount in dispute: _____

Has amount been paid: **YES / NO**

Contract/Matter Number: _____

Dates Involved: _____

Client Number: _____

Hours/Items Involved: _____

REASON FOR DISPUTE: (Identify issues or objections **BY EACH INVOICE LINE ITEM.**)

Please fill out this form consistent with **OAM 35.70.30**, attach a copy of the invoice(s) that pertain to the issue(s) you are disputing.
File a copy of this form with DAS SCD and provide a copy to the agency(s) involved in the dispute.
A check or BT for \$250 must accompany this notification form.

SCD Tracking Information:

Date Received: _____
IRDP Inquiry Date: _____

Signature of Authorizing Agency Official

Date Completed: _____
Completed by: _____

Results: _____

