

# Interagency Dispute Resolution Process INQUIRY RESPONSE

A response to an inquiry notification must be made within 5 business days.

**RESPONDENT:** (Agency with whom dispute involves.)

Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
TDD: \_\_\_\_\_

Agency Number: \_\_\_\_\_  
Agency Contact Person: \_\_\_\_\_

Treasury Account No.: \_\_\_\_\_  
email: \_\_\_\_\_

**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: \_\_\_\_\_

**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: \_\_\_\_\_

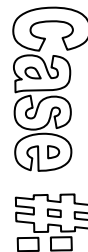
Client Number: \_\_\_\_\_

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 response form.



\_\_\_\_\_  
**Signature of Authorizing Agency Official**

**SCD Tracking Information:**

Date Received: \_\_\_\_\_

Date Completed: \_\_\_\_\_

IRDP Inquiry Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

**Results:** \_\_\_\_\_