# **Technical Assistance Funding Program**

# **Invoice Dispute Notification**

**Grantee Name:** *Enter Grantee Name*

**Agreement Number:** *Enter Agreement Number*

**Invoice Number:** *Enter Invoice Number*

**Invoice Amount:** *Enter Invoice Amount*

**Date Received:** *Enter Date Received*

The invoice referenced above is disputed for the following reasons:

[ ]  **Incorrect Format**

*Enter Comments*

[ ]  **Noncompliance with Grant Agreement**

 *Enter Comments*

[ ]  **Missing Item Submittals**

 *Enter Comments*

[ ]  **Incomplete Item Submittals**

 *Enter Comments*

[ ]  **Incorrect Line Item Billed/ Incorrect Calculations**

 *Enter Comments*

[ ]  **Other**

 *Enter Comments*

**Additional Comments:**

*Enter Comments*

If you have any questions, please contact *Enter Name of Grant Manager* at *Enter Phone Number for Grant Manager* or by email at *Enter Email for Grant Manager.*

**cc:** *Enter Disbursement Analyst Name*