

Billing Inquiry

Agency Name: _____

Email: _____

Contact Person: _____

Invoice Date: _____

Phone No.: _____

Invoice Number: _____

Item	Nature of Inquiry	Amount in Dispute	Comments

Agency Signature _____

<i>This section is for Internal Use Only</i>	
<i>Credit Amount</i>	
<i>Date Completed</i>	

Authorized Signature _____