

POSTAL CODE # _____

**UNIVERSITY OF WISCONSIN - OSHKOSH
OSHKOSH, WISCONSIN 54901**

NOTICE OF GOOD FAITH DISPUTE/IMPROPER INVOICE

TO: _____
Vendor Name

Street

City, State, Zip

DATE: _____

PURCHASE ORDER NUMBER: _____

SUBJECT: Invoice No. _____ **Date Received:** _____

Explanation of Complaint:

Missing/Damaged Goods	Improper Invoice	Good Faith Dispute
Description of Problem: _____		

Completed by: _____ **Date:** _____

Name _____

Dept Name _____

Phone No. () - _____

Instructions: The receiver must immediately notify the vendor of a good faith dispute or an improperly completed invoice. Provide all necessary information above and notify the vendor in compliance with the prompt payment policy within 10 days of receipt of goods or invoice whichever comes later.

You will need to print
5 copies

Vendor - Copy 1
Accounting - Copy 2
Purchasing - Copy 3
Department - Copy 4
Receiving - Copy 5

TELEPHONE CONTACTS:
PURCHASING: 920-424-0410
ACCOUNTS PAYABLE: 920-424-1305
RECEIVING: 920-424-3445

