



## INVOICE DISPUTE FORM

### Customer details

Lands financial account name	
Lands customer No.	
Account contact	
Ph number (daytime)	

### Invoice in dispute

Invoice date	
Invoice number	
\$ Amount	

### Details in dispute (provide details of why the transaction is being disputed or what aspect is being disputed)


### Please provide a copy of the following:

- Invoice where the disputed item appears (indicate the item being disputed)
- Any other documentation that may support your claim

### Signature

I confirm that neither I nor any other authorised agent to the Lands financial account in dispute:

- In anyway authorised the invoice item(s) being disputed in this claim; or
- Are aware that any item disputed in this claim is in fact correct.

I consent to Lands providing relevant third parties with copies of this form and supporting documents as part of the activities required to investigate and resolve this dispute.

I understand that this may include personal information contained in such documents.

Lands financial account signatory	
Date	

Please return this form to:  
Department of Lands  
Finance Branch  
PO Box 15  
Sydney NSW 2001

Completed forms must be returned to the Department of Lands no later than 30 days after the invoice date where the disputed items were charged.