

Cargo Shipping Invoice Dispute Form

Disputant Information

Company Name:

Contact Name:

Address:

Phone:

Email:

Invoice Details

Invoice Number:

Invoice Date:

Amount Billed:

Shipment Reference:

Bill of Lading No.:

Disputed Charges

Description of Charge	Amount	Reason for Dispute

Detailed Explanation of Dispute

Supporting Documents

Requested Action

Signature

Date