



## Invoice Dispute Form

Please complete this form if you are questioning the accuracy or completeness of a bill invoiced by the Port of Virginia. Please include a copy of all supporting documentation and include a clear description of your dispute. Email this form along with supporting documentation to [InvoiceDisputes@vit.org](mailto:InvoiceDisputes@vit.org).

Organization Name		
Invoice Number	Invoice Date	
Invoice Total (Dollar Amount)	Disputed Value (Dollar Amount)	
Revenue Code (s) (if available)		
Container (s) # (Use Separate Worksheet if necessary)		
Terminal / Location		
Vessel / Voyage		
Description of Dispute		
Is there supporting documentation attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this Dispute part of an ongoing Claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Do you have a Claim #?
Have you already contacted any individual at POV about this dispute?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Please provide name of individual.
Submitter Name:	Submitter Phone: (Include Area Code)	
Submission Date:	Submitter Email:	
Notes:		