UTSA Vendor Dispute

Telephone 210.458.4213 Fax: 210.458.4829 Email: disbursements.travel@utsa.edu

Instructions: Complete this form to document a vendor dispute. Disputes over price, quality and/or receipt of goods or services must be initiated with a vendor within 21 days of receiving an invoice. Vendors may be notified of the dispute via email, telephone or fax. Send a copy of this form to Disbursements & Travel Services (DTS) via email or fax and retain a copy to document all communication with the vendor. Upon final resolution, attach the completed form to the related payment documentation. For more information, see Financial Management Operational Guideline (FMOG) Texas Prompt Pay Law.

		orm, a copy w	vill be sent to the departr	nent.			
I. Vendor I	nformation						
Business Name:						Telephone:	
Business Address:					Fax:	Fax:	
Contact Name:					Email:		
II. Dispute I	nformation						
Invoice Num	iber:			F	PO Number:		
Invoice Date		Date Invoice Received:				Date Vendor Notified:	
Reason Dispute (che all that app	Amount ly):	Quantity	Item does not match what was received.		does not match t was ordered.	Invoice not understandable or does not contain required information (order number, UTSA information, etc)	
Enter disput informatio							
Enter corre informatio							
Comments:		1					
III. Departmo	ent Information:	Enter the nam	e and contact information f	or the pu	urchasing departme	ent.	
Department	Name:						
Contact Name: Telephone:							
Contact Job	Title:		En	nail:			
IV. Preparer	Information: Is p	reparer same	as dept. contact? Ye	s - Do n	ot complete this s	section. No - Complete this section.	
Name: Department Name:							
Telephone: Email:							
	, , ,			ve is acc	curate. You also	certify the vendor has been notified of	
Department	Administrator N	lame (print):					
Signature: Date:							
						nt contact and vendor. Attach a e, "Dispute resolved in favor of vendor."	
Date	Date Dept Contact Name Vendor Contact Name				Comments/Resolution Information		