

<p style="text-align: center;"><b>ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST</b></p> <p style="text-align: center;"><b>FINANCE DEPARTMENT</b></p>
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**To:** The Accounts Payable Co-ordinator  
Accounts Payable Department  
Finance Department  
Thameside House  
Thurrock Hospital  
Long Lane  
Grays  
Essex RM16 2PX

**From:**

**Date:**

**RE: INVOICE/(S) IN DISPUTE**

I write further to my telephone conversation with you and wish to confirm that following are the details of the invoice/(s) in dispute.

**Order Number/(s)** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Value:** \_\_\_\_\_

**Invoice Order No/(s) (if known)** \_\_\_\_\_

**Nature of Dispute:** \_\_\_\_\_

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(Budget Holder)

**SAMPLE - DO NOT USE**