

APPENDIX 2

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST FINANCE DEPARTMENT

To: _____

From: The Accounts Payable Co-ordinator
Accounts Payable Department
Finance Department

Date:

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

Invoice No/(s) _____

Company: _____

Invoice Amount/(s): _____

Purchase Order No/(s): _____

Nature of Dispute: _____

Please advise us if (please tick)

- Payment should be stopped
- Proceed with payment
- Other (please specify)

SAMPLE - DO NOT USE