Organization Billing Dispute Form

A Department of the Division of Continuing Education

 $INSTRUCTIONS: Complete \ and \ review \ sections \ 1-3. \ \ Please \ e-mail \ is po@byu.edu \ or \ call \ (866) \ 741-9144 \ for \ questions \ about \ this \ form.$

1 Customer Information			
BYU Customer Number (Required)	Organization Name		Today's Date:
2 Information Required to Process Dispute			
Invoice Number	Invoice Date	Student Name	
PO Number Cours	se Name		
Dispute Description			
Resolution Contact			
Contact Name: Please note: Please allow four working	Phone:	Extension: E-mail: d. If we have not responded by the fifth working day, you	I may contact us at (866)
		your request. If you prefer to print out and fax the compl	
BYU Office Use Only (Please sign and date once completed):			
Proposed Solution:			
Processor Signature:		Approver Signature:	
Date Completed:		Date Completed:	