



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.

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:		

Please include supporting documents and a copy of the disputed invoice(s) along with this form to InvoiceDisputes@vit.org