NOTICE OF PROPOSED GUIDANCE DOCUMENT

Notice to Vendor of Good Faith Dispute / Improper Invoice

Pursuant to Wis. Stat. s. 227.112, the Wisconsin Department of Transportation is hereby seeking comment on Notice to Vendor of Good Faith Dispute / Improper Invoice s. 16.528, 16.53(2), a proposed guidance document.

PUBLIC COMMENTS AND DEADLINE FOR SUBMISSION

Comments may be submitted to the Wisconsin Department of Transportation for 21 days by: 1. Department's website: <u>https://appengine.egov.com/apps/wi/dot/guidance-docs?guidDocId=DBM1</u>

2. Mailing written comments to:

Division of Business Management Wisconsin Department of Transportation 4822 Madison Yards Way PO Box 7915 Madison, WI 53707-7915

WEBSITE LOCATION OF FINAL GUIDANCE DOCUMENT

The final version of this guidance document will be posted at <u>wisconsindot.gov</u> to allow for ongoing comment.

AGENCY CONTACT

DOTDBMGuidanceDocs@DOT.WI.GOV



Telephone: Area Code-Telephone # Teletypewriter (TTY): Area Code- TTY # Facsimile (FAX): Area Code- FAX # E-mail: E-mail Address

COMPANY NAME ATTN: STREET ADDRESS PO BOX CITY, STATE 9-DIGIT ZIP CODE

NOTICE TO VENDOR OF GOOD FAITH DISPUTE / IMPROPER INVOICE

DT1568 5/2006 s.16.528, 16.53(2) Wis. Stats.

We have received the attached invoice. Because of a problem or lack of information, it has been removed from the payment process and returned to you. The box checked (below) identifies the problem. If appropriate, contact the person or department that placed the order to resolve the problem. Please return a corrected invoice or credit with this letter to the address shown above. Please reply within 10 business days.

Invoice Number		Date Invoice Received	Purchase Order Number	Current Date	
	No purchase order (PO) number is referenced on your invoice. Please provide the PO number on each invoice submitted. If you do not have a PO number, contact the person who placed the order for assistance.				
	As of the following date: , the PO number referenced on your invoice is: Invalid; Expired; Canceled.				
	This credit memo cannot be processed because the referenced invoice has not been received. Please provide a copy of the invoice to which this credit applies.				
	The vendor name s The attached invoid	shown on the invoice(s) doe ce was paid either as "Cash	s not match the PO. W with Order", or against	/e do not make third party payments. the invoice specified below. move this invoice from our account. Check Date	
	 The pricing does not comply with the PO. If you have questions regarding the price, please telephone the Buyer, whose name is shown at the bottom of the PO. The description on the invoice does not match the description on the PO. No record exists which indicates the item(s) were received. 				
	Item(s) received were returned according to the authorization(s) specified below. WDOT Return Material Instructions (Form DT1738) Vendor Return Authorization Number				
 Incorrect item(s) were received; and/or item(s) do not meet purchase order specifications. Other 					
DOT Contact Name		Title		Area Code – Telephone Number	

If you have questions, please contact the DOT representative at the telephone number identified above. DOT Representative: Please send a copy of this completed form to the Bureau of Business Services, Expenditure Accounting.