

Date: [Insert Date]

[Recipient Name]
[Recipient Title]
[Agency Name]
[Agency Address]

Subject: Dispute of Invoice #[Insert Invoice Number] - Timesheet Verification Required

Dear [Recipient Name],

I am writing to formally dispute invoice number [Insert Invoice Number], dated [Insert Date], in the amount of [Insert Amount].

Upon reviewing our internal records, we have identified a discrepancy regarding the hours billed for the following temporary staff member(s):

- **Staff Name:** [Insert Name]
- **Period of Work:** [Insert Date Range]
- **Billed Hours:** [Insert Hours Billed]
- **Expected Hours:** [Insert Hours According to Internal Records]

The billed amount does not align with our approved on-site logs. We request that you provide copies of the signed timesheets corresponding to this billing period for our verification. Please include the name of the supervisor who authorized these specific hours.

Payment for the disputed portion of this invoice will be withheld until this matter is resolved. We are happy to process payment for any undisputed amounts immediately if a revised invoice is issued.

Please provide the requested documentation by [Insert Date] so we may reconcile this account promptly.

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Title]
[Company Name]