

# NOTIFICATION OF INVOICE ADJUSTMENT

Please send this notification of adjustment form as a backup when the amount paid is different than the amount of this invoice.

Page \_\_\_\_ of \_\_\_\_

Agency Name \_\_\_\_\_ Level 1 # **4055** Level 2 # **01** Level 3 # **88** Level 4 # \_\_\_\_\_

Invoice Date \_\_\_\_\_ Invoice Number \_\_\_\_\_ Invoice Amount \_\_\_\_\_

*(This number must be included on warrant or check.)*

**The following items on the above-referenced invoice are amounts (credits or debits) not paid or accepted:**

Item #	Cardholder Account #	Proc. Date	Merchant Name	Transaction Amount (Additions)	MM/YY* Where Amount is to be Applied (+)	Transaction Amount (Subtractions)	Reason for Non-Payment (-)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
<b>Totals (+)</b>						<b>Totals (-)</b>	

*Note: If you are paying or not accepting a credit for a prior item, please note invoice date that should receive this part of the payment.*

**Send Form to:**

I.M.P.A.C. Payments  
P.O. Box 6350  
Fargo, ND 58125-6350  
Fax: (701) 461-3910

**Phone Inquiries:**

I.M.P.A.C. Customer Service  
(800) 227-6736

**Form Submitted by:**

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date: \_\_\_\_\_

Indicate Payment Method:

- FRB Funds Transfer
- Treasury Check
- Vendor Express (ACH)

**I.M.P.A.C. Check Balancing Register**

Invoice Total \$ \_\_\_\_\_  
**Less** Adjustments (-)  
 (Questioned Items) \$( \_\_\_\_\_)  
**Add** any Interest Penalty Amounts \$ \_\_\_\_\_  
**Add** any part of payment that is  
 being applied to a previous invoice (+) \$ \_\_\_\_\_  
 Total of Check/Wire being sent \$ \_\_\_\_\_



I.M.P.A.C.®  
Government Services

(Vendor Express #VXP892300015) (ABA #10200021)