Executive Office/Division Name
Bureau/District or Section Name
PO Box
City, State ZIP Code

Internet: http://wisconsindot.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 9/2026 Wis. Stats. 16.528, 16.53(2)

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 shown on the invoice(s) does not match the PO. We do not make third party payments.

☐ The attached invoice was paid either as “Cash with Order”, or against the invoice specified below. Payment was remitted by the dated check identified below. Please remove this invoice from our account.

Invoice Number Check Number 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 email copy of completed form to DOTExpenditureAccounting@dot.wi.gov