## PROBLEM REPORT FORM FOR INVOICE, IAG, DO, OR VENDOR PROBLEMS

A: AGENCY IDE	NTIFICATIO	N								
Date:	IAG #	± 69		FEDLIN!	K ID:					
Agency Name:										
Contact Name:										
Branch/Office:										
Address:										
City:										
Phone (commercial): Fax (commercial):			E-Mail Address:							
INSTRUCTIO	NS									
this form to report errone of a separate copy of this form of the invoices or statemen IAG, DELIVERY ORDE with IAGs, delivery orders performance of a FEDLIN change your list of books of copies of the problem docu.  B:  Identify the service ID and invoice date, invoice amou who handles the service is at (202) 707-4900 to be refustatement is issued, it will be necessary.  If you dispute charges on a question with the vendor, appear on your statement.  If an invoice that does not the wrong fiscal year, FED as a transaction code 40.	fiscal year of the prolunt and indicate the nayour first point of conferred to the right person be referred to the right person belong to your agency o'LINK will make a confident and indicate the nayour first point of conferred to the right person be referred to the FED an invoice or have not when the situation is	THER PROBLEMS: You may use this for also use this form to rease describe the problem invoice(s). For extract for resolving invoice. If a problem you in a problem you invoice in a problem you in a problem. The correction is the problem in the	Describe the produmentation that  Use section Common to report produced address of the change of the change of the FEDLINK proported cannot be compared to the change of the FEDLINK proported cannot be compared to the compared cannot compare the compared cannot compare the compared cannot compare the compared cannot compare the compared compared to the compared compared to the com	S  case give the accounts par Call the FEI to be resolved ces Coordination of a number of the coordination	invoice numyable staff m DLINK Fiscal by the time ator, or LC/C	ch copies oblem.  rors th the es, or to and attach  aber, the ember of the the eyour next C&L as  e the ethe ethe ethe ethe ethe ethe et				
Invoice Number	Date Date	Amount \$	Usage Incorrect	Items Not Ordered	Items Not Received	Not My Account	Wrong FY			

## PROBLEM REPORT FORM

Date:	IAG # 69		FEDLINK ID:	
C: IAG, DELIVE	RY ORDER, VEN	IDOR OR O	THER PROBLEMS	
Problem with:  IAG, FY  Delivery Orde	<del>-</del>		rformance, Service ID	
D: DESCRIPTION	N			
E: SIGNATURE				
	Signature		Date	
F: ATTACHMEI  Identify additional pa	NTS	ease be sure to include	e your FEDLINK Ion all attachments	
	mber of pages		number of pages y order(s), number of pages	
G: FAX THIS PF FEDLINK Fiscal Operation Please contact the FEDLINK		shington DC 20540		