

DISPUTED TRANSACTION FORM

Cardholder Name & Address

Account Number : _____

Cardholder Phone Number: _____

Cardholder Fax Number: _____

Merchant Name: _____

Amount: _____

Transaction Ref #: _____

Transaction Date: _____

To assist our investigation, please indicate below the reason for your dispute.

___ I did not make nor authorize the above transaction. (Please indicate the whereabouts of your Procurement Card.)

___ There is a difference in the amount I authorized and the amount I was billed. (A copy of your charge must be enclosed.)

___ I only transacted one charge, and I was previously billed for this sales draft.

Date of previous charge: _____

___ The above transaction is mine, but I am disputing the transaction. (Please state your reasons why in detail.)

___ Please send me a copy of the sales draft.

___ I have received a credit voucher for the above transaction, but it has not yet appeared on my account. (A copy of the credit voucher must be enclosed.)

___ My account has been charged for the above transaction, but I have not received this merchandise. The date of expected delivery was: _____. The details of my attempt to resolve the dispute with the merchant and the merchant's response are indicated below.

___ Other (Please explain): _____

Cardholder Signature: _____

Date: _____