

## Procurement Card Dispute Form

NAME: \_\_\_\_\_ MC ACCT # \_\_\_\_\_

MERCHANT NAME: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

TRANSACTION DATE: \_\_\_\_\_ POST DATE: \_\_\_\_\_

Dear Cardholder,

This form has been forwarded to you for your convenience. If you need additional space please use the reverse side. Regulations regarding your dispute require that you notify us in writing within 60 days of your receipt of the statement reflecting the disputed charge. You are not required to use this form, you may write us a separate letter. Attempts should be made with merchant to resolve the dispute before notifying your credit card company. Any response received after the above mentioned time frame may result in our inability to assist you with your dispute. Please fax your dispute notification to; 1-859-323-1954.

CHECK & COMPLETE THE **ONE** THAT BEST DESCRIBES YOUR DISPUTE & PROVIDE **ALL** REQUESTED DOCUMENTATION

- A. I have been billed more than once for the same transaction. I authorized only one charge with this merchant for \$\_\_\_\_\_. My card was in my possession at the time of the disputed billing.
- B. I have been charged for a purchase that was paid for by other means. (Other credit card, Check, Etc.)  
**Enclose copy of other method of payment that verifies purchase was paid for by other means.**
- C. I have been billed for the wrong amount on my account. My credit card receipt shows \$\_\_\_\_\_. However, I was billed \$\_\_\_\_\_. **Enclose a copy of receipt showing correct amount.**
- D. I did not authorize this charge.
- E. Merchant was to issue credit for goods returned on \_\_\_\_\_. This credit has not posted to my account. Enclose **copy of credit receipt** received from merchant / or copy of returned mail receipt.
- F. I have not received the Services/Merchandise I ordered. The Service/Delivery date was\_\_\_\_\_.  
**Explain all details, including your attempt to resolve with the merchant.**
- G. I attempted to return merchandise but the merchant refuses to accept it. **Explain reason for return, Give Merchant's response & provide copy of original return mail receipt.**
- H. I Canceled Service, Airline ticket, Hotel reservation, on \_\_\_\_\_. Cancellation #\_\_\_\_\_
- I. I have contacted the merchant to resolve my dispute about the quality of services or goods and am still not satisfied. **Describe dispute fully, in detail. Include all documentation that supports your claim.**
- J. I have resolved my dispute with the merchant.

\_\_\_\_\_  
CARDHOLDER SIGNATURE

\_\_\_\_\_  
DATE