

**ARLEE JOINT SCHOOL DISTRICT #8
CARD STATEMENT DISPUTE FORM**

This form is provided to assist you should you believe a transaction on your statement is in error. Regulations require that disputes be settled in 30 days so should be addressed as soon as possible. Any disputes that cannot be resolved by the cardholder directly with the vendor should be recorded on this form and submitted to the p-Card Administrator who will deal directly with the bank and the vendor.

Cardholder Name: _____ Account #: _____

Vendor Name: _____ Transaction ID: _____

Transaction Date: _____ Posting Date: _____

Transaction Amount: _____

Please **circle one** of the following choices applicable to your dispute. Include all necessary information/documentation including a copy of the statement.

1. I do not recognize the above-mentioned charge. I have attempted to contact the vendor to obtain further information.

2. I have been billed more than once by the same vendor. I authorized one charge with this vendor only. My card was in my possession at the time of the disputed transaction.

Valid Charge \$ _____ Reference # _____ Transaction Date _____
Invalid Charge \$ _____ Reference # _____ Transaction Date _____

3. I canceled: Service / Airline Ticket / Hotel Reservation on _____ (date). Cancellation# _____

4. I have not received the merchandise that was to be shipped to me on _____ (date). I have requested credit.

5. Merchandise that was shipped to me arrived damaged or not as described. I returned it on _____ (date) and asked the vendor to credit my account. I am providing a copy of my returned mail receipt.

6. Vendor was to issue credit for merchandise I returned to the store. I have enclosed a copy of my credit receipt.

7. Vendor was to issue tax credit refund. I have enclosed a copy of the on-line order.

8. I have been charged for a purchase that was paid for by other means. I am providing a copy of the documentation showing the other method of payment.

9. I have been billed for an incorrect amount. My receipt shows \$ _____, however, I was billed \$ _____ I am providing a copy of my receipt showing the correct amount.

10. I did not authorize the above-mentioned charge. I have attempted to contact the vendor to resolve the dispute but have been unsuccessful.

Please attach copy of statement and detailed information further describing the dispute.

Work Phone: _____ Email: _____

Signature: _____ Date: _____