

BUSINESS PROCUREMENT CARD DISPUTE FORM

ACCOUNT INFORMATION

Name

Account Number

Department

Business Phone

TRANSACTION INFORMATION

Merchant Name

Amount of Dispute

Date of Transaction

Reference Number of Transaction Statement

DISPUTE DETAILS

Please mark the appropriate dispute reason listed and, if indicated, provide requested documentation.

I do not recognize the above merchant. I am asking that the merchant provide me with more information to help identify whether
Q R W W K H F K O J H D Q V G Y B D U G V \$ L V V X H G W R W K L V D F F R X Q W D U H L Q P \ S R V

Although I did engage in the above transaction, I am disputing _____ of the above charge. I have contacted _____
D W W H P S W W O P D W, W D S H R W L G H C E D I C O R Z

Incorrect Amount: Must provide copy of receipt billed _____ but should have been billed _____

Duplicate Posting: Original transaction posted to my statement _____ on _____

I returned the merchandise to the merchant on _____. The reason for return is listed below. Must provide proof of return

I have a credit slip and the credit has not posted to my account. Must provide copy of credit slip.

To best of my knowledge I, nor anyone authorized by me, received the goods or services represented by the charge. I also
, Q R D Q \ R Q P A S H U P L H V Q J L B Z H V G I E R P Y H U F I K O P D Q Q H U

I have not received the merchandise and it was to be delivered on 0 X V W G D L W K H V Q R H I U F Z K D F Q V Q W D R W H G
F K H F Q N W K B W X R U G W K U H L V S R I C O R H Z

I cancelled a guaranteed late arrival hotel reservation on at _____ cancellation # W S K H _____

Other. Details of the dispute have been provided below.

ADDITIONAL INFORMATION REGARDING THE DISPUTED CHARGE

SEND THIS FORM TO
Accounts Payable
ATTN: Travel & Card Program Coordinator
Administration Building 316
Warrensburg, MO 64093
6605434889

Cardholder's Signature & Today's Date