

Name on Card:					Mail Code:	
Card No. (last 4):			Dept. Name:			
Phone:		Fax:		Email:		
Merchant:				\$ Amt:		
Trans. Date:		Post Date:		Trans. Ref. #:		
Item(s) Purchased:						

To assist in the resolution of this dispute please indicate below the reason for your dispute and the actions you have take to resolve it. It is the responsibility of the card user to attempt to resolve the dispute. Attach additional sheets if necessary. If after making an attempt at resolution, you are unsuccessful, contact your Business Manager as soon as possible and submit this report to the Business Manager.

Reason for Dispute:

	1). I did not make nor authorize the above transaction. (Please indicate the whereabouts of your card): _____
	2). I made a transaction with this merchant, but there is a difference in the amount I authorized and the amount that posted. (A copy of your receipt must be attached) Amount Billed: \$ _____ Correct Amount: \$ _____
	3). I only transacted one charge and I have been billed _____ times for the same transaction. (A copy of your receipt must be attached) Amount Billed: \$ _____ Correct Amount: \$ _____ Date of Authorized Charge: _____ Date(s) of Disputed Charge(s): _____
	4). My account has been charged for the above transaction but I have not received this merchandise. (A copy of your receipt must be attached)
	5). I have received a credit/refund for the above transaction, but it has not yet appeared on my account in PaymentNet. (A copy of the credit/refund document you obtained must be attached. If no document, explain.)
	6). I made the transaction, but am disputing it for the following reason(s):

Details of attempts to resolve the dispute with the merchant and the merchant's response:

Additional Details:

	Name:	Signature:	Date:
Employee:			
Business Manager:			

This section for Business Office and PCard Administrator use:

Notes:
