

**Pcard**



# University of Dayton Pcard Dispute Form

## Appendix D Effective: 3/25/02

Use this form to document disputed transactions. Use reverse side if you need additional space. Regulations require notification in writing within **60 days** of your receipt of the statement reflecting the disputed charge. You are not required to use this form to notify us of your dispute, you may write us a separate letter. Any notification received after 60 days receipt of statement may result in our inability to assist you with your dispute. Please fax your dispute notification to: **1-801-590-1316**.

NAME: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ MERCHANT NAME: \_\_\_\_\_  
AMOUNT: \_\_\_\_\_ TRANSACTION DATE \_\_\_\_\_ POST DATE: \_\_\_\_\_

**I have contacted the merchant in an attempt to resolve my dispute**, but continue to dispute the above charge for the following reason:

A. \_\_\_\_ I have been billed more than once by the same merchant. I authorized one charge with this merchant for \$\_\_\_\_\_ on \_\_\_\_\_, but I did not make or authorize \$\_\_\_\_\_ on \_\_\_\_\_.  
Date Date

**My credit card was in my possession at the time of this transaction.**

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 dates \_\_\_\_\_.  
**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 I'm still not satisfied. **Describe dispute fully, in detail. Include all documentation that supports your claim.**

J. \_\_\_\_ I have resolved my dispute with the merchant.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE