



PROCUREMENT CARD
CARDHOLDER DISPUTE FORM

Cardholder Name: _____

Card Number: _____

College Phone Number: _____

Merchant Name: _____

Date of Disputed Transaction: _____

DISPUTE TYPE:

___ Incorrect Charge ___ Credit Not Received

___ Duplicate Charge ___ Replacement Not Received

___ Erroneous Charge ___ Other

Explanation of Dispute: _____

Merchant's Response: _____

Cardholder Signature: _____

Date: _____