



Procurement Card Charge Dispute

Fax to: 701-461-3463
Cardmember Services
Attn: Corporate Dispute Dept.
P.O. Box 6344 Fargo, ND 58125-6344

Cornell University Cardholders: Fax an additional copy of this form to Cornell's Office of Credit Card Programs at 607-255-9450.

Account #: \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_
Merchant Name: \_\_\_\_\_ Post Date: \_\_\_\_\_
Disputed Amount: \_\_\_\_\_ Transaction Amount: \_\_\_\_\_
\_\_\_\_\_
CARDHOLDER SIGNATURE DATE (AREA CODE) TELEPHONE NUMBER

Please read carefully each of the following situations and check the one most appropriate. Questions may be directed to Customer Service at 1-800-344-5696.

- 1. UNAUTHORIZED MAIL OR PHONE ORDER
[ ] I have not authorized this charge to my account. I have not ordered merchandise by phone or mail, or received any goods or services.
2. DUPLICATE PROCESSING
[ ] The transaction listed above represents multiple billing to my account. I only authorized one charge for this amount. Date \_\_\_\_\_ and Reference # \_\_\_\_\_ of first transaction.
3. MERCHANDISE OR SERVICE NOT RECEIVED IN THE AMOUNT OF \$ \_\_\_\_\_
[ ] My account has been charged for the above transaction, but I have not received the merchandise or service. The expected date of delivery \_\_\_\_\_ (MMDDYY). I contacted the merchant on \_\_\_\_\_ (MMDDYY) and requested that my account be credited. I spoke with \_\_\_\_\_ (name).
4. MERCHANDISE OR SERVICE CANCELED IN THE AMOUNT OF \$ \_\_\_\_\_
[ ] I notified the merchant on \_\_\_\_\_ (MMDDYY) at \_\_\_\_\_ am/pm to cancel the pre-authorized order/reservation. Cancellation #: \_\_\_\_\_ (required for Hotel Rooms). Reason for cancellation: \_\_\_\_\_ Person I spoke to: \_\_\_\_\_
5. MERCHANDISE RETURNED IN THE AMOUNT OF \$ \_\_\_\_\_
[ ] My account has been charged for the above listed transaction, but the merchandise has since been returned. Enclose copy of postal/UPS receipt.
6. MERCHANDISE WAS RECEIVED DAMAGED OR DEFECTIVE
[ ] The merchandise shipped to me arrived damaged and/or defective (circle one) on \_\_\_\_\_ (MMDDYY). I returned it on \_\_\_\_\_ (MMDDYY). I contacted the merchant on \_\_\_\_\_ (MMDDYY) and requested that my account be credited. I spoke with \_\_\_\_\_ (name). Enclosed is an explanation of how the merchandise was damaged or defective.
7. NOT AS DESCRIBED
[ ] Cardholder must specify what goods, services, or other things of value received. The item(s) specified do not conform to what was agreed upon with the merchant. (The cardholder must have attempted to return the merchandise and state so in their complaint). Please provide details on separate sheet of paper.
8. PAID BY OTHER MEANS
[ ] I did participate in the transaction; however, I paid for the transaction using another form of payment. (Describe form of payment): \_\_\_\_\_ Enclosed is a copy of my proof of other payment (i.e. canceled check, other credit card statement, cash receipt, etc.).
9. CREDIT NOT RECEIVED
[ ] I have received a credit voucher for the above listed charge, but it has not yet appeared on my account. Enclose copy of credit voucher.
10. ALTERATION OF AMOUNT
[ ] The sales receipt amount was increased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_. Enclosed is a copy of my receipt.
11. INADEQUATE DESCRIPTION/UNRECOGNIZED CHARGE
[ ] I do not recognize this charge. Please supply a copy of the sales draft for my review. I understand that when a valid copy is sent to me, a Statement of Questioned Item Form must be provided and will include the copy of the sales draft if a further dispute exists. If a copy of the sales draft cannot be obtained, a credit will appear on my account.
12. COPY REQUEST
[ ] I recognize this charge, but need a copy of the sales draft for my records.
13. If none of the above reasons apply - please describe the situation (attach additional sheets as necessary):