

Statement of Disputed Item

Commercial Card

Instructions: Your department should first make good-faith efforts to settle a claim or dispute for purchases directly with the merchant. If assistance from Bank One is required, please complete this form, and mail or fax with required enclosures within 60 days from the billing close date to:

Procurement Card Program Coordinator
Attn: Sharon Davis
UH-Accounts Payable Department
5000 Gulf Frwy, Bldg. 2, Rm. 202
Houston, TX 77023
Phone: (713) 743-5660 Fax (713) 743-8709

Company Name: _____
Account Number: _____
Cardholder Name: _____
This charge appeared on my statement: _____
Billing close date: _____
Transaction date: _____
Reference Number: _____
Merchant Name: _____
Merchant Location: _____
Posted Amount: _____
Disputed Amount: _____

****Please check only ONE of the following****

| | |
|--------------------------|--|
| <input type="checkbox"/> | Unauthorized Transaction I did not authorize, nor did I authorize anyone else to engage in this transaction. No goods or services represented by the above charge were received by me or anyone I authorized. <u>The card was in my possession at the time of the transaction.</u> |
| <input type="checkbox"/> | Charge Amount Does Not Agree With Order Authorizing The Charge The amount entered on the sales slip was changed from \$_____ to \$_____. I have enclosed a copy of the unaltered sales slip. |
| <input type="checkbox"/> | Merchandise or Services Not Received I have not received the merchandise or services represented by the above transaction. The expected date of delivery or services was _____. (On your business letterhead, please describe your attempt to resolve this matter with the merchant, the date(s) you contacted them and their response). |
| <input type="checkbox"/> | Disputed Transaction I did engage in the above transaction, which I am now disputing. I have contacted the merchant, but I have been unable to return the merchandise and/or I have been unsuccessful in reaching an acceptable resolution with them. (On your business letterhead, please describe your attempt to resolve this matter with the merchant, the date(s) you contacted them and their response). |
| <input type="checkbox"/> | Defective or Wrong Merchandise I returned the merchandise on (date) _____ because it was: (please choose one): __defective __wrong size __wrong color __wrong quantity |
| <input type="checkbox"/> | Recurring Charges After Cancellation On _____(date), I notified the above merchant to cancel our monthly/yearly agreement. Since then, my account has been charged _____ time(s). (Please enclose a copy of the merchant's response to confirmation of your confirmation of your cancellation). |
| <input type="checkbox"/> | Items Charged Already Paid by Other Means I already paid for the goods and/or services represented by the above charge by means other than my card. (We must have a copy of the front and back of the canceled check, money order, cash receipt, credit card statement, or other documentation as proof of purchase/payment. On your business letterhead, please describe your attempt to resolve this matter with the merchant, the date(s) you contacted them and their response). |
| <input type="checkbox"/> | Credit Appears as a Charge The enclosed Credit Voucher appeared as a charge on my card account. |
| <input type="checkbox"/> | Credit From Merchant Not Received I did not receive credit for the enclosed Credit Voucher within 30 calendar days from the date it was issued to me by the merchant shown above |
| <input type="checkbox"/> | Hotel Reservation Canceled I did make a reservation with the above hotel, which I then canceled on _____(date) at _____(time). At that time, I asked for a cancellation number which is _____ (Please check one if applies): __I was not given a cancellation number __I was not told at the time that I made the reservation that my account would be charged for a "No Show" |
| <input type="checkbox"/> | Double or Multiple Charges My account has been doubled charged. The first charge appeared on my _____(date) billing statement. |

Cardholder's Name (Printed)

Cardholders Signature

Date

Phone Number