

ARKANSAS TECH UNIVERSITY**P-CARD DISPUTE FORM****Purchasing Department**
Russellville, AR 72801-2222**Tel: 479-968-0269**
Fax: 479-968-0633

Merchant Name: _____ Post Date: _____ Amount: \$ _____

I have examined the charges made to my account, and I am disputing the above item for the following reason.
(PLEASE CHECK THE APPROPRIATE BOX).

1.		The sales receipt was increased from \$_____ to \$_____.
2.		I did not authorize this charge.
3.		I have not received the merchandise. Delivery was scheduled _____. The ATU Purchasing Department contacted the merchant and requested that my account be credited on _____. They spoke with: _____
4.		The merchandise arrived: damaged and/or defective (circle one). The ATU Purchasing Department contacted the merchant and requested that my account be credited on _____. They spoke with: _____
5.		Purchasing notified the merchant to cancel the order on _____. Reason for Cancellation: _____ They spoke with: _____
6.		A credit was issued on _____ in the amount of \$_____, and it has not been posted to my account. Attached is a copy of the credit slip.
7.		The charge was billed twice to my account. See attached documentation.
8.		Merchandise was returned by _____ on _____. Return Authorization Number is: _____.
9.		Other.

Cardholder's Name: _____ Account No: _____

Cardholder's Signature: _____ Last 4 digits: _____

P-Card Dispute Form MUST be submitted within 60 days from end of billing cycle.