



Board of County Commissioners Purchasing Division

VISA CHARGE CARD DISPUTE

Date: _____
 Cardholder Name: _____
 Cardholder Title: _____ Department: _____
 Cardholder Last 4 digits: _____

Statement Date:	_____
Transaction Date:	_____
Amount:	_____
Merchant Name/Description:	_____
Posting Date:	_____
Reference Number:	_____

Check the description most appropriate to your dispute. If you have any questions, contact the Program Card Administrator.

- _____ **1. Alteration of Amount:**
The amount of the sales draft has been altered from \$_____ to \$_____.
(Please include copy of sales draft)
- _____ **2. Unauthorized Mail or Phone Order:**
I certify the charge listed above was not authorized by me or any person authorized by me to use this account. I have not ordered merchandise by phone or mail or received goods and services as represented above.
- _____ **3. Cardholder Dispute:**
I did participate in the above transaction; however, I dispute the entire charge, or a portion, in the amount of \$_____ because: _____
- _____ **4. Credit Not Received:**
The merchant has issued me a credit slip for the transaction listed above; however, the credit has not been posted to my account. The date on the voucher is between 30 and 90 days old. (Please include a copy of the credit voucher.)
- _____ **5. Imprinting of Multiple Slips:**
The above transaction represents multiple billing to my account. I only authorized one charge from this merchant for \$_____. I am still in possession of my card.
- _____ **6. Merchandise Not Received:**
My account has been charged for the above transaction, but I have not received this merchandise. I have contacted the merchant.
- _____ **7. Merchandise Not Received:**
My account has been charged for the above transaction, but I have since contacted this merchant and canceled the order. I will refuse delivery should the merchandise still be sent.
- _____ **8. Merchandise Returned:**
My account has been charged for the transaction listed above, but the merchandise has been returned. Provide a description of the circumstances. (Please include postal receipt if applicable.)
- _____ **9. Inadequate Description/Unrecognized Charge:**
I do not recognize this charge. Please supply a copy of the sales draft for my review.
- _____ **10. I am no longer disputing this charge.**

Please submit your dispute to Purchasing, Attn: Program Card Administrator

Revised: 9.24.18