

# Creighton UNIVERSITY

## Purchasing Card (P-Card) Program Statement of Disputed Item

Instructions: Your company should first make good-faith efforts to settle a claim or dispute for purchases directly with the merchant. If assistance from First National Bank is required, please complete this form, and mail or fax with required enclosures within 45 days from the billing close date to:

**Creighton University**  
**Purchasing Dept**  
**Phone: (402) 280-2712**  
**Fax: (402) 280-2398**

Account Number: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_

This charge appeared on my statement, billing close date: \_\_\_\_\_  
Transaction Date: \_\_\_\_\_ Reference Number: \_\_\_\_\_  
Merchant Name/Location(s): \_\_\_\_\_  
Posted Amount: \_\_\_\_\_ Disputed Amount: \_\_\_\_\_

Please check only ONE of the following:

**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. My P-Card was in my possession at the time of the transaction.

**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.

**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.)

**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.)

**Defective or Wrong Merchandise**

I returned the merchandise on \_\_\_\_\_ (date) because it was: (*check one*)

Defective       Wrong Size       Wrong Color       Wrong Quantity

**Recurring Charges After Cancellation**

On \_\_\_\_\_ (date), I notified the above merchant to cancel our monthly/yearly agreement. Since then, my P-Card account has been charged \_\_\_\_\_ time(s). (Please enclose a copy of the merchant's response to confirmation of your cancellation.)

**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 P-Card. (We must have a copy of the front and back on 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 efforts to resolve this matter directly with the merchant, the date(s) you contacted them, and their response.)

**Credit Appears as a Charge**

The enclosed Credit Voucher appeared as a charge on my P-Card account.

**Credit from Merchant not Received**

I did not receive the credit for the enclosed Credit Voucher within 45 calendar days from the date it was issued to me by the merchant shown above.

**Hotel Reservation Cancelled**

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 \_\_\_\_\_.

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."

**Double or Multiple Charges**

My P-Card account has been doubled charged. The first charge appeared on my \_\_\_\_\_ (date) billing statement.

Cardholder Name (printed)

Cardholder Signature

Date

Phone Number