

MOUNT HOLYOKE

PURCHASING CARD PROGRAM DISPUTE FORM

Cardholder's Name: _____
Last Name First Name

Department: _____ Phone Number: _____

Visa Charge Card Number: _____ - _____ - _____ - _____

Merchant's Name: _____

Statement Date: _____ Transaction Date: _____ Amount: _____

Transaction Reference #: _____

Please check appropriate item and give specific details in Remarks Section below:

- Merchandise has been returned but credit has not been issued
- I did not make or authorize the above transaction
- Account charged but merchandise not received. List expected delivery date in Remarks Section
- Amount charged is different than agreed upon amount.
- Transaction previously billed - list billing statement date in Remarks Section
- Other: _____

Remarks: _____

Cardholder Signature

Date

Budget Authority Signature

Date