

CAMPBELL COUNTY SCHOOL DISTRICT #1
 PO Box 3033 Gillette, WY 82717-3033 p: (307) 682-5171
P-CARD DISPUTE FORM

4715 62 _____
 Card # (last 10 #'s)

 Cardholder Name

(____) _____ - _____
 CCSD phone #

 Building/Location/Department

 Vendor Name

____/____/____ ____/____/____
 Transaction Date Posting Date

 Transaction #

\$____,____.____
 Disputed Amount

Please read and select the situation that most closely reflects your dispute. (Please use blue or black ink)

<input type="checkbox"/> Unauthorized transaction (Did not purchase or order)	<input type="checkbox"/> Paperwork needed - contacted vendor/UMB for transaction copy.
<input type="checkbox"/> Problem with order and not yet resolved Explained below.	Merchandise not yet received: <input type="checkbox"/> Order was placed and will be keeping when it arrives. <input type="checkbox"/> Order was placed but will be sent back. Explained below.
<input type="checkbox"/> Amount difference (Copy of receipt is attached) I was billed \$_____ should be \$_____	<input type="checkbox"/> Credit not yet posted - returned on ____/____/____. Copy of return slip or shipping documentation attached. Return reason explained below.
<input type="checkbox"/> Duplicate Posting First transaction \$____,____.____ Transaction # _____ Duplicate transaction \$____,____.____ Transaction # _____	<input type="checkbox"/> Other: Explained below

 Explain here (Please print)

Fax this form to:

UMB Bank Card Center
Cardholder Disputes
(816) 843 - 2485

 P-card holder's signature

____/____/____
 Date

Please give this form to your BUILDING/DEPARTMENT RECONCILER for month end documentation.