

AmSouth Visa Card CARDHOLDER STATEMENT OF DISPUTED ITEM

Date: _____
 MSU Department: _____
 Cardholder's name: _____
 Procard Administrator: _____

Account # _____
 PC Journal Voucher Number # _____
 Merchant: _____
 Sale Date: _____
 Amount: _____
 Reference #: _____

Please check the appropriate box, which pertains to your dispute.

Please sign below and return this form to MSU Accounts Payable (Mail Stop 9719) to reconcile differences caused by disputed items.

- UNAUTHORIZED CHARGE.** I neither made nor authorized the above transaction.

- UNAUTHORIZED CHARGE.** Although I made a purchase with the above merchant, I neither made nor authorized the transaction described above. My card was in my possession at the time of this transaction. The correct charge was \$ _____ with a transaction date of _____. ****Please enclose a copy of the transaction receipt.**

- PAID BY OTHER MEANS.** I have attempted to resolve this issue with the merchant. ****Please enclose a copy of the transaction receipt and/or a copy of the back and front of the cancelled check.**

- MERCHANDISE NOT RECEIVED.** I did not receive the merchandise, which may have been sent by the merchant, nor did anyone authorized by me receive the merchandise. I expected to receive the merchandise on (date) _____.

- RETURNED MERCHANDISE.** I returned the merchandise to the merchant. ****Please enclose a copy of the credit transaction receipt. In addition, please state in writing that you requested a credit and the reason the merchandise was returned (i.e.: wrong size, color, quantity, etc.)**

- DEFECTIVE SHIPPED MERCHANDISE.** I received damaged merchandise in the mail and attempted to return the merchandise on (date) _____. ****If only part of the merchandise was damaged or by courier, please state the dollar amount of the damaged portion \$ _____. Please provide a copy of your return receipt signed by the merchant.**

- HOTEL RESERVATION CANCELLED.** I cancelled my hotel reservation. ****Please state the cancellation number _____ and the date cancelled _____. If you do not have the cancellation number, please obtain the cancellation number from the hotel.**

- DIFFERENCE IN AMOUNT.** The amount on my transaction receipt differs from the amount on the statement. ****Please enclose a copy of the transaction receipt.**

- CREDIT POSTED AS A PURCHASE.** A credit transaction posted as a purchase. ****Please provide a copy of your billing statement showing the original transaction and a copy of the credit transaction receipt.**

- CREDIT NOT POSTED.** I received a price adjustment notice from the merchant on the above transaction. The credit has not posted to my statement, and it has been more than 30 days. **** Please enclose a copy of the adjustment notice.**

- OTHER.** _____

Signature

Date

***Any comments or further explanation should be written on the reverse side of this form.**