Wells Fargo Bank Purchasing Card Dispute Form

Please contact the BSU Pcard Administrator at Ext 6-1795 (208/426-1795) before filing a dispute. You'll be instructed to complete this form if a dispute is necessary. Dispute Form must be received by Wells Fargo within 60 days of transaction posting to your account.

Please fax completed form to: Pcard Administrator Fax no: Ext 6-1152 (208/426-1152)

Today's Date: _____

Agency Name: **BOISE STATE UNIVERSITY/STATE OF IDAHO**

Cardholder Name: _____

Account Number: **5405-**_____ -_____-_____

Transaction Date _____ **Amount $** _____

Merchant Name _____
(As it appears on cardholder statement)

Please take a moment and check the appropriate statement that validates your dispute. Attach any supporting documentation that validates your dispute, such as: credit memos, letter to merchants, sales slips or proof of payments.

- ❑ I certify that the transaction disputed was not made by me or the person authorized by me to use the card, nor were the goods or services represented by this transaction received by myself or a person authorized by me.
- ❑ Although I did engage in the above transaction, I am disputing the entire charge, or a portion in the amount of $_____. I have contacted the merchant and requested a credit to my account for the reason explained in the attached letter.
- ❑ The enclosed sales slip for $_____ appeared on my statement as $_____.
- ❑ The enclosed credit memo: _____has not posted to my account OR was listed as a purchase on my statement/activity report.
- ❑ I did not receive the service and/or merchandise. I have contacted the merchant and they have not resolved my dispute. I expected to receive the merchandise/services on ____ ____ ____
- ❑ I have already paid for the transactions shown above by: _____
(note payment method and date)

_____ _____ _____
Cardholder Signature **Date** **Work phone**

Department Id and account code charged: _____ _____
Disputed charges need to be paid by the department. Credit rec'd from WF will be issued to Dept Id/Acct noted above

To be completed by Pcard Administrator Dispute authorized by P/A: _____
Signature

Date		Date	
_____	Form rec'd from dept	_____	WF dispute acknowledgement' rec'd
_____	Form faxed to Wells Fargo	_____	Credit rec'd from WF on Billing Statement: