

**UNIVERSITY OF NEW MEXICO PURCHASING CARD
CARDHOLDER STATEMENT OF DISPUTED ITEM**

Cardholder Name: _____ Phone: _____
 Department: _____ Date: _____

Statement Date	Transaction Date	Vendor Name	Amount	Post Date	Reference Number

✓	Check the description most appropriate to your dispute.
	Alteration of Amount: The amount of the sales draft has been altered from \$ _____ to \$ _____. <i>(Please include copy of sales draft)</i>
	Unauthorized Mail or Phone Order: I certify the charge listed above was not authorized by me or any authorized user of this account. I have not ordered merchandise by phone or mail, or received goods and services as represented above.
	Cardholder Dispute: I did participate in the above transaction, however, I dispute the entire charge, or a portion, in the amount of \$ _____. Because:
	Credit Not Received: The vendor has issued me a credit slip for the transaction listed above, however, the credit has not posted to my account. The date on the voucher is between 30 and 90 days old. <i>(Please include a copy of the credit voucher.)</i>
	Multiple Charge: The above transaction represents multiple billing to my account. I only authorized one charge from this vendor for \$ _____. I am still in possession of my card.
	Merchandise Not Received: My account has been charged for the above transaction, but I have not received this Merchandise. I have contacted the vendor.
	Order Canceled Prior to Shipment: My account has been charged for the above transaction, but I have since contacted this vendor and canceled the order. I will refuse delivery should the merchandise still be sent.
	Merchandise Returned: My account has been charged for the transaction listed above, but the merchandise has been returned. <i>Provide a description of the circumstances. (Please include postal receipt if applicable).</i>
	Other:
	Inadequate Description/Unrecognized Charge: I do not recognize this charge. Please supply a copy of the sales draft for my review.
	I am no longer disputing this charge.

Authorized By: _____ **Cardholder Signature:** _____

For UNM Cardholder Use Only

Date/time contacted	Individual Contacted	Conversation Summary

(Please use reverse side for additional space)