

Boston University Purchasing Card Program

STATEMENT OF DISPUTED ITEM(S)

Cardholder Name: _____ Amount: _____
Address: _____ Merchant Name: _____
Card Account Number: _____ Statement Date: _____
Department: _____ Post Date: _____
Reference Number: _____ Transaction Date: _____

Please read carefully each of the following descriptions and check the one most appropriate to your particular dispute. If you have any questions, please contact the Purchasing Card Administrator for advice.

___ (1) **CARDHOLDER DISPUTE**

I did participate in the above transaction; however, I dispute the entire charge, or a portion thereof, in the amount of: _____ I am disputing this charge because:

After contacting the merchant, the following was/was not resolved:

___ **MERCHANDISE NOT RECEIVED**

- () My account has been charged for the above listed transaction, but I have not received merchandise.
() My account has been charged for the above listed transaction, but I have since contacted the merchant and canceled the order. I will refuse delivery and payment should the merchandise still be sent.

___ (3) **MERCHANDISE RETURNED**

My account has been charged for the above listed transaction, but the merchandise has been returned. Attached is a copy of my postal insurance receipt or company shipping memo. (Provide a copy with this statement.)

___ (4) **CREDIT NOT RECEIVED**

I have received a credit voucher for the above listed charge. The voucher date is more than 60 days old but the credit has not yet appeared on my account. (Provide a copy of the voucher with this statement.)

___ (5) **INADEQUATE DESCRIPTION/UNRECOGNIZED CHARGE**

I do not recognize this charge. Supply a copy of the sales draft for my review. (Note: A \$5.00 processing fee may be charged by American Express for sales slip retrieval.)

___ (6) **UNAUTHORIZED MAIL OR PHONE ORDER**

I have not, nor has any other authorized user on this account, authorized this charge to this account. I have not ordered merchandise by phone or mail. Any goods that were received have been returned.

___ (7) **ALTERATION OF AMOUNT**

The amount of this charge has been altered since the time of purchase. Enclosed is a copy of my sales draft showing the amount I signed for and any documentation I have.

___ (8) **IMPRINTING OF MULTIPLE SLIPS**

The transaction(s) listed above represent(s) multiple billing(s) to my account. I authorized only one transaction from this merchant for that amount. I am still in possession of my Purchasing Card.

___ (9) **OTHER - DESCRIBE IN DETAIL:**

Cardholder Signature

Date

Phone Number

Fax completed form to American Express at 1-800-471-9770 or slcdisputes@aexp.com for processing. Attach this form to the monthly cardholder statement. Please contact the Program Administrator with any questions.