This form needs to be completed if there is any discrepancy between your records and the monthly statement of activity for your card. Submit this form with your Individual Transaction Log and monthly statement. Contact the Northland Community and Technical College AP Business Office if you need assistance with this form.

Cardholder Name: __________________________________________

Office Telephone Number: ____________________________________

Merchant Name: ____________________________________________

Date of Disputed Transaction: _________________________________

Amount of Dispute: _________________________________________

Dispute Type:

_____ Incorrect Charge          _____ Credit Not Received
_____ Duplicate Charge         _____ Replacement Not Received
_____ Erroneous charge         _____ Other

EXPLANATION OF REQUEST...

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Merchant’s Response:

(Cardholder must contact the merchant and note the date, name of contact, and response.)

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

CARDHOLDER SIGNATURE ___________________________ DATE __________________

RETURN COMPLETED FORM ALONG WITH COPIES OF RELATED SUPPORTING DOCUMENTS TO:

EAST GRAND FORKS BUSINESS OFFICE
ATTN: ANGIE MENGE