

NORTHLAND COMMUNITY AND TECHNICAL COLLEGE CARDHOLDER DISPUTE FORM

This form needs to be completed when any discrepancy exists between your records and the activity for your purchasing card. Contact the 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 (select one):

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:

**THIEF RIVER FALLS BUSINESS OFFICE
ATTN: Kari Mooney**