

SALES TAX CHARGE MEMORANDUM

**STATE OF WISCONSIN
DEPARTMENT OF MILITARY AFFAIRS
SALES TAX CHARGE**

This form is required to document any charges of Wisconsin State Sales Tax that was charged and was not able to be reversed. **Complete and submit this form with your reconciled biweekly statement.** The cardholder must make all reasonable efforts to have the sales tax charge reversed.

Cardholder's Name:
Credit Card Reference Number:
Date of Purchase:
Supplier Name and Address:
Total Amount of Purchase:
Total Amount of Wisconsin State Tax Charged:
Justification Explaining Why Sales Tax was Approved at Time of Purchase:

Actions taken to have Wisconsin State sales tax charges reversed including name of contact, phone number and date contacted:

Please accept this document as explanation of sales tax charges and corrective actions.

- I contacted US Bank to reverse the state sales tax on _____.
- I did not contact US Bank or supplier to dispute the state sales tax. A personal check for the sales tax and any applicable county sales tax is enclosed in the PCard envelope.

Cardholder's Signature and Date	
---------------------------------	--