

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
