

APPENDIX 4: VISA PURCHASING CARD BILLING INQUIRY FORM

Cardholder Name:

Account Number:

Agency and Division Name:

Business Phone:

TRANSACTION INFORMATION

Merchant Name:

Amount of Dispute

Date of Transaction:

Reference Number of Transaction from
Statement

DISPUTE DETAILS

Please mark the appropriate dispute reason listed below and if indicated, provide the requested documentation.

- ☐ Need a copy of the transaction in order to submit payment.
- ☐ I do not recognize the above merchant. I am asking that the merchant provide me with more information to help identify whether or not the charge is valid. All valid cards issued to this account are in my possession.
- ☐ Although I did engage in the above transaction, I am disputing \$____ of the above charge. I have contacted _____ (the merchant) and attempted to resolve the matter. I have provided the details in the "Additional Information" section below.
- ☐ Amount is to be billed to a different card number. card number:
- ☐ Incorrect Amount. *Must provide copy of receipt.* I was billed \$_____ but should have been billed \$_____.
- ☐ Duplicate Posting. The original transaction posted to my statement for \$_____ on _____ (date).
- ☐ I returned the merchandise to the merchant on _____ (date). The reason for return is detailed in the "Additional Information" section below. *Must provide proof of return.*
- ☐ I have a credit slip and the credit has not posted to my account. *Must provide copy of credit slip.*
- ☐ To best of my knowledge I, nor anyone authorized by me, received the goods or services represented by the charge. I also certify that I, nor anyone with my permission, engaged with the above merchant in any manner. I have not received the merchandise and it was to be delivered on _____ date.
Must give dates when the merchant was contacted to check on the status of the order & their response below.
- ☐ I cancelled a guaranteed late arrival hotel reservation on _____ (date) at _____ (time). Cancellation # is: _____
- ☐ Other. Details of the dispute have been provided below.

ADDITIONAL INFORMATION REGARDING THE DISPUTED CHARGE

SEND THIS FORM TO:

U.S. Bank Customer
Service
ATTN:

EMAIL:

Cardholder's Signature & Date

Agency P-Card Administrator