Tightwad Fire Protection District

P-Card Dispute Form

I, _____, hereby swear or affirm that the following Tightwad Fire Protection District (District) VISA® Purchasing Card (P-Card) issued to me has the following dispute that I have not been able to promptly resolve with the following merchant:

Number XXXX-XXXX-XXXX-_____ Amount: $_____

Merchant: _____ Purchase Date: _____/_____/_____

- □ The charge was not made by me nor were the goods or services represented by the charge, received or returned by me or anyone with the District
- □ The charge is not recognized and the merchant was unable to provide substantiation with source documentation
- □ The amount charged was different from the amount on the attached
- □ A transaction was charged twice
- □ A transaction was actually charged instead of credited
- □ The amount charged was different from the amount on the attached substantiation source documentation
- □ The amount charged was greater than agreed, posted, or advertised
- □ The amount charged included sales tax for which an exemption letter or form was presented to the merchant
- □ An agreed upon discount or adjustment has not been credited (attach any substantiation source documentation of the discount or adjustment, e.g., a credit memorandum
- □ Part of the amount charged is disputed (explain below)

1. Including date(s) of when resolution was attempted with the merchant, I state the following details or circumstances of the unresolved P-Card dispute *(□ see back side)*:

_____

_____

2. I understand that if, within a reasonable amount of time, I do not notify the District Treasurer of an unresolved dispute or if I do not attempt to promptly resolve a dispute with a merchant, that I may be personally responsible for the disputed amount even though the charge is incorrect or unsubstantiated (federal laws and regulations protect the merchant and issuing bank from untimely disputes).

3. I agree to *immediately* notify the District Treasurer if the dispute with the merchant is resolved after when this Form is submitted.

Sworn or affirmed this _____ day of _____ 20____.

_____ _____

CARDHOLDER SIGNATURE PRINTED NAME