

University of Arkansas Disputed Item Form for TCard

Instructions: Please make a good faith attempt to resolve a claim for a purchase directly with the merchant PRIOR to filing a disputed claim. If assistance from UMB is required, please complete this form and fax it to: Card Administrator, Carol Wade, 479-575-7951.

Company Name: University of Arkansas, Fayetteville

CARDHOLDER NAME: _____

Account Number: _____

This Charge appeared on my statement: _____

Transaction Date: _____

Reference Number: _____

Merchant Name/Location: _____

Posted Amount: _____ **Disputed Amount:** _____

Dispute Type:

_____ Incorrect Charge

_____ Credit Not Received

_____ Duplicate Charge

_____ Replacement Not Received

_____ Erroneous Charge

_____ Other

Explanation of Dispute: _____

Merchant's Response: _____

Cardholder Signature: _____ **Date:** _____