Northland Community and Technical College
CARDHOLDER DISPUTE FORM

This form needs to be completed if there is any discrepancy between your records and the monthly statement of activity for your card. Submit this form with your Individual Transaction Log and monthly statement. Contact the Northland Community and Technical College AP Business Office if you need assistance with this form.

Cardholder Name: _________________________________________

Office Telephone Number: _________________________________________

Merchant Name: _________________________________________

Date of Disputed Transaction: _________________________________________

Amount of Dispute: _________________________________________

Dispute Type:

_____ Incorrect Charge   _____ Credit Not Received

_____ Duplicate Charge   _____ Replacement Not Received

_____ Erroneous charge   _____ Other

Explanation of Dispute:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Merchant's Response:
(Cardholder must contact the merchant and note the date, name of contact, and response.)
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Cardholder’s Signature: _________________________________________  Date: ________________________

RETURN COMPLETED FORM ALONG WITH COPIES OF RELATED SUPPORT DOCUMENTATION TO:

Accounts Payable
Attn: Michelle Bakken

Dispute Form 11.08.04