



STATEMENT OF QUESTIONED ITEM FORM

University of Massachusetts Amherst

Cardholder's Return address:

Name: _____ Card No: _____
Department: _____ Merchant Name: _____
Rm. #, Bldg.: _____ Amount: _____
University of Massachusetts Transaction Date: _____
Amherst, MA 01003 Reference #: _____
Telephone #: _____

To assist our investigation, please indicate below the reason for your dispute. If you have any questions, please call an FNBC Dispute Representative at 1 (847) 931-8885

_____ I did not make nor authorize the above transaction. *(Please indicate the whereabouts of your Procard):* _____

_____ There is a difference in the amount I authorized and the amount I was billed. *(A copy of your charge must be enclosed.)*

_____ I only transacted one charge and I was previously billed for this sales draft. *(Indicate date of previous charge):* _____

_____ The above transaction is mine, but I am disputing the transaction. *(Please state your reasons why in detail.)* _____

_____ I do not recognize the above transaction. Please send me a copy of the sales draft. *(Your account will be charged \$5 by FNBC for each copy supplied.)*

_____ I have received a credit voucher for the above transaction, but it has not yet appeared on my account. *(A copy of the credit voucher must be enclosed.)*

_____ My account has been charged for the above transaction, but I have not received this merchandise. The details of my attempt to resolve the disputes with the merchant and the merchant's response are indicated below: _____

_____ My account has been charged for the above transaction, but the merchandise has since been returned. *(Please enclose a copy of your postal receipt)*

Signature: _____ Date: _____

RETURN THIS FORM TO THE PROCARD MANAGER, 407 GOODELL BLDG. W/IN 50 DAYS OF THE MONTHLY CYCLE DATE.