



PROCUREMENT CARD CARDHOLDER DISPUTE FORM

ATTACHMENT C

CARDHOLDER NAME		UNIVERSITY PHONE NUMBER	CARD NUMBER	
WAS YOUR UNIVERSITY OF DELAWARE PROCUREMENT CARD IN YOUR POSSESSION WHEN THE DISPUTED CHARGE(S) OCCURRED?			YES	NO
IF NO, WAS YOUR PROCUREMENT CARD REPORTED TO THE PROGRAM ADMINISTRATOR OR THE BANK AS BEING LOST OR STOLEN?			YES	NO
MERCHANT NAME		TRANSACTION DATE	POSTING DATE (IF KNOWN)	AMOUNT
TYPE OF DISPUTE (CHECK ONE)			REFERENCE NUMBER (IF KNOWN)	
<input type="checkbox"/> INCORRECT CHARGE *	<input type="checkbox"/> CREDIT NOT RECEIVED			
<input type="checkbox"/> DUPLICATE CHARGE *	<input type="checkbox"/> REPLACEMENT NOT RECEIVED			
<input type="checkbox"/> ERRONEOUS CHARGE *	<input type="checkbox"/> MERCHANDISE OR SERVICES NOT RECEIVED			
<input type="checkbox"/> OTHER (PLEASE DESCRIBE)				
* I CERTIFY THAT THE CHARGE ABOVE WAS NOT MADE BY ME.				
EXPLANATION OF THE DISPUTE				
MERCHANT RESPONSE				
CARDHOLDER SIGNATURE			DATE	
FAX THIS FORM ALONG WITH COPIES OF RELATED SUPPORT DOCUMENTATION TO BOTH THE BANK AND PROCUREMENT SERVICES. NO COVER SHEET IS REQUIRED. FAX YOUR FORM TO: MBNA AMERICA ATTN: RYAN HICK FAX: (302) 458-3659			UNIVERSITY OF DELAWARE PROCUREMENT SERVICES FAX: (302) 831-6772	
			TOTAL NUMBER OF PAGES FAXED (INCLUDING THIS PAGE)	