

University of Louisville Fuel Card Dispute Form

Date: _____

Account Name: _____ University of Louisville _____

Dept Name _____

City: _____ Louisville _____ State: _____ KY _____ Zip Code: _____ 40292 _____

Please identify transactions in dispute and attach other supporting documentation. Refer to your James River report for the following information:

Card # / Invoice #	Date	Amount	Location

Please check each box that applies to your dispute.

THE CARD IN QUESTION WAS LOST.

On what date was the card lost? _____

Comments: _____

THE CARD IN QUESTION WAS STOLEN.

On what date was the card stolen? _____

Were police notified? Yes _____ No _____ If yes, date notified _____

Please include a copy of police report (if applicable) and any other supporting documentation.

Briefly explain the circumstances surrounding the fraudulent use of the card.

Do you have any knowledge of the person(s) who may have used your card? If yes, who?

REQUESTED CARD WAS NEVER RECEIVED.

THE AMOUNT OF THE TRANSACTION IS DIFFERENT FROM THE AMOUNT BILLED.

My statement shows \$ _____, however, the amt should be _____

I PARTICIPATED IN AT LEAST ONE TRANSACTION WITH THIS MERCHANT, BUT DID NOT PARTICIPATE IN THE DISPUTED TRANSACTION (S). THE CARD (S) WAS IN THE POSSESSION OF THE EMPLOYEE/COMPANY AT THE TIME OF THE TRANSACTION (S).

CREDIT NOT PROCESSED. When was credit to be issued?

Cancellation Number (if applicable) _____

NEITHER I NOR ANYONE ASSOCIATED WITH MY COMPANY USED THE CARD FOR THE TRANSACTIONS NOTED AND/OR AUTHORIZED A THIRD PARTY TO USE THE CARD FOR THESE TRANSACTIONS.

Other: _____

Customer's acknowledgement

The box below must be signed and dated by the vehicle coordinator.

I verify that all information and statements contained within to be true and accurate.

VEHICLE COORDINATOR (sign and date)

Please mail this form and all related documentation to:

Charlotte Numann
Fleet Fuel Program
Houchens Building, LL08K
2211 South Brook St.