



Date: \_\_\_\_\_

Tracking #  
(for Comdata use only)

Account Name: University of Louisville XC151 Customer I.D. No. \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

City: Louisville State: KY Zip Code: \_\_\_\_\_

Please identify transactions in dispute and attach other supporting documentation. Refer to your Comdata billing statement 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 credit card 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 by the cardholder or authorized signer for this account. Please return this form as well as any supporting documentation within 8 days from the date of receipt of this form.

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

CARDHOLDER/AUTHORIZED SIGNATURE	DATE

Please fax or mail this form and all related documentation to:

Comdata Corporation  
Customer Service  
5301 Maryland Way  
Brentwood, TN 37027  
Fax# 615-370-7337

And mail a copy to:  
Alma Brandon  
Procurement Card Program  
University of Louisville  
Inventory Control Bldg, 1901 So. Floyd St.

Attn: \_\_\_\_\_

If you have any questions regarding the completion of this form, please contact our Customer Service Department at 800-282-7496.