

Jenks Public Schools
P-Card Cardholder Dispute Form (Email or Fax to A/P)

Cardholder Information

Cardholder Name _____ Phone Number _____

Card Number _____ Date _____

Disputed Transaction Information

Transaction Date _____ Transaction Amount _____

Merchant Name _____

Dispute Description:

____ Credit Not Posted (Attach Copy of Credit Slip)

____ Erroneous Amount (Attach Copy of Sales Receipt)

____ Duplicate Posting

____ Other _____

Description of any communications with the merchant or bank: REQUIRED _____

Please forward to the Director of Accounting for processing.

For Accounting to Complete

Communications with Bank (Dates and Actions Taken):
