



**Escambia County Purchasing Card
Statement of Disputed Item**

Instructions: Your company should first make good-faith efforts to settle a claim or dispute for purchases directly with the merchant. If assistance from Bank of America is required, please complete this form, and mail or fax with required enclosures within 60 days from the billing close date to:

**Bank of America-Commercial Card Services Operations
P. O. Box 53142
Phoenix, AZ 85072-3142
Phone (800) 352-4027 Fax (888) 678-6046**

Company Name: _____
 Account Number: _____
 Cardholder Name: _____
 This charge appeared on my statement:
 Billing close date: _____
 Transaction date: _____
 Reference Number: _____
 Merchant Name: _____
 Merchant Location: _____
 Posted Amount: _____
 Disputed Amount: _____

****Please check only ONE of the following****

- Unauthorized Transaction**
I did not authorize, nor did I authorize anyone else to engage in this transaction. No goods or services represented by the above charge were received by me or anyone I authorized. The card was in my possession at the time of the transaction.
- Charge Amount Does Not Agree With Order Authorizing The Charge**
The amount entered on the sales slip was changed from \$ _____ to \$ _____. I have enclosed a copy of the unaltered sales slip.
- Merchandise or Services Not Received**
I have not received the merchandise or services represented by the above transaction. The expected date of delivery or services was _____. (On your business letterhead, please describe your attempt to resolve this matter with the merchant, the date(s) you contacted them and their response).
- Disputed Transaction**
I did engage in the above transaction, which I am now disputing. I have contacted the merchant, but I have been unable to return the merchandise and/or I have been unsuccessful in reaching an acceptable resolution with them. (On your business letterhead, please describe your attempt to resolve this matter with the merchant, the date(s) you contacted).
- Defective or Wrong Merchandise**
I returned the merchandise on (date) _____ Because it was: (please choose one):
 ___ Defective ___ Wrong Size ___ Wrong Color ___ Wrong Quantity
- Recurring Charges After Cancellation**
On _____ (Date), I notified the above merchant to cancel our monthly/yearly agreement. Since then, my account has been charged _____ time(s). (Please enclose a copy of the merchant's response to confirmation of your confirmation of your cancellation).
- Items Charged Already Paid by Other Means**
I already paid for the goods and/or services represented by the above charge by means other than my card. (We must have a copy of the front and back of the canceled check, money order, cash receipt, credit card statement, or other documentation as proof of purchase/payment. On your business letterhead, please describe your attempt to resolve this matter with the merchant, the date(s) you contacted them and their response).
- Credit Appears as a Charge**
The enclosed Credit Voucher appeared as a charge on my card account.
- Credit From Merchant Not Received**
Issued to me by the merchant shown above.
- Hotel Reservation Canceled**
I did make a reservation with the above hotel which I then canceled on _____ (date) at _____ (time.)
At that time, I asked for a cancellation number which is _____. (Please check one if applies):
 ___ I was not given a cancellation number
 ___ I was not told at the time that I made the reservation that my account would be charged for a "No Show"
- Double or Multiple Charges**
My account has been doubled charged. The first charge appeared on my _____ (date) billing.