

STATE OF WYOMING

VISA CARDHOLDER QUESTIONABLE ITEM/DISPUTE FORM

CARDHOLDER BACKGROUND	ACCOUNT NUMBER 4715 - 629 _____ - _____
-----------------------	--

NAME

ADDRESS

WORK PHONE

QUESTIONABLE ITEM/DISPUTE DETAILS	AMOUNT OF DISPUTE \$ _____
-----------------------------------	----------------------------

PROVIDE NECESSARY DETAILS ABOUT THE QUESTIONABLE/DISPUTED ITEMS(S):

SEND THIS FORM TO:
Purchasing Card Program Administrator
State Capitol Building, Suite 114
Cheyenne, WY 82002
Fax: 307-777-6983

DATE

SIGNATURE