

TRANSACTION DISPUTE FORM

Transactions that appear in Works may be disputed up to 60 days after the statement's closing date.

Accountholder Name		Telephone Number	
E-mail Address	s	Last 4 Digits of Credit Card Number	
Statement Date Transa		on Date	Post Date
Reference Number		Amount Disputed	
Merchant Nam	e		
Explanation of Dispute (Include all contact with merchant and merchant's response):			
Date	Printed Name of Accountho	lder	Signature of Accountholder
Date	Printed Name of Approver		Signature of Approver
Date	Printed Name of Departmen	t Head	Signature of Department Head