

State of Idaho
Wells Fargo Bank Purchasing Card Dispute Form

Date: _____
 Agency Name: College of Southern Idaho
 Account Number: _____
 Transaction Date: _____
 Merchant Description: _____

Please take a moment and check the appropriate statement that validates your dispute.
 Please attach any supporting documentation that validates your dispute, such as:
 credit memos, letters to merchants, sales slips or proof of payments.

_____ I certify that the transaction disputed was not made by me or the person
 authorized by me to use the card, nor were the goods or services
 represented by this transaction received by myself or a person authorized
 by me.

_____ Although I did engage in the above transaction, I am disputing the entire charge,
 or a portion in the amount of \$ _____. I have contacted the merchant
 and requested a credit to my account for the reason explained in the attached
 letter.

_____ The enclosed sales slip for \$ _____ appeared on my statement as
 \$ _____.

_____ The enclosed credit memo: _____ has not posted to my account
 OR was listed as a purchase on my statement/activity report.

_____ I did not receive the service and/or merchandise. I have contacted the merchant
 and they have not resolved my dispute. I expected to receive the merchandise/
 services on _____.

_____ I have already paid for the transaction shown above by:
 _____ check _____ other credit card _____ State Controller
 _____ cash _____ money order _____ warrant

Cardholder Signature

Date

Phone Number

Please return this form immediately. We appreciate your cooperation and urge you to contact
 us at 1-800-932-0036, if you have any questions. Fax completed form to 415-975-6635.

****Transaction dispute must be received by Wells Fargo within 60 days of posting to your account**

Kathy Alvarado
 Dispute & Loss Specialist