

# Government Cardholder Dispute Form

Citibank® Government Travel Card Program

## Instructions:

The Cardholder or Agency Program Coordinator (APC) may use this form to dispute charges on their charge card. Cardholders must provide a copy of any information/forms requested below along with the statement in which the disputed charges appear. This form must be completed in its entirety and forwarded to Citibank and the appropriate agency officials (as determined by your internal procedures) within 60 calendar days of receipt of your invoice. See page 2 of this document for more detailed instructions.

**Fax: 1-605-330-9902 or 1-866-312-8588**

## Section I: Requestor Information

<b>Inquirer's Name:</b>		<b>Date:</b>	
<b>Cardholder's Name:</b>		<b>Merchant:</b>	
<b>Account Number:</b>			
<b>Transaction Date:</b>		<b>Reference Number:</b>	
<b>Posting Date:</b>		<b>Amount:</b>	
<i>I have examined the charge(s) made to my account and wish to dispute the above item for the following reason as indicated in Section 2</i>			
<b>Cardholder/APC Signature:</b>		<b>Daytime Phone:</b>	<b>Fax Number:</b>

## Section II: Reason for Dispute (Select only one)

Please read each of the following descriptions carefully and select the description that most accurately applies to your dispute. Card program regulations require that you provide additional statements to document specific items, where indicated below. If you have any questions, please contact us at 1-866-670-6462 (overseas call collect at 1-757-853-2467).

<input type="checkbox"/> Copy Request – No Dispute	I am not disputing the transaction listed above; I am only requesting a copy of the sales draft for my records.
<input type="checkbox"/> Unauthorized Transaction	I certify that the charge listed above was not made by me or a person authorized by me to use my card. I did not receive any goods or services from this transaction nor did any person authorized by me.
<input type="checkbox"/> Multiple/Duplicate Processing	Although I did engage in a transaction with the above merchant, I have no knowledge of the particular transaction noted above and it was not authorized by me or anyone representing me. My cards were in my possession at the time of the above transaction. The correct transaction took place on (date) in the amount of \$ .
<input type="checkbox"/> Altered Amount	Although I did engage in the above transaction, the dollar amount of the sale has been altered from \$ to \$ . I am enclosing a copy of my charge card sales receipt, which reflects the correct dollar amount.
<input type="checkbox"/> Credit Not Received	Although I did engage in a transaction with the above merchant, I dispute the entire charge or a portion of it in the amount of \$ . I have contacted the merchant and asked that a credit be applied to my account. I have received a credit voucher for the above listed charge, but it has not yet been applied to my account. I am enclosing a copy of the credit voucher.
<input type="checkbox"/> Merchandise Not Received in the Amount of \$	Although I did engage in a transaction with the above merchant, I have never received the merchandise. I expected to receive it on (date). I have since contacted the merchant and asked that a credit be applied to my account. I contacted the merchant on . Their response was .
<input type="checkbox"/> Merchandise Returned in the Amount of \$	My account has been charged for the above listed transaction, but the merchandise has since been returned. I returned the merchandise on (date), because (reason for return). I have contacted the merchant on and their response was . Please provide details of the merchant's return policy, if one was provided. Please provide a copy of the postal or UPS receipt as proof of return.
<input type="checkbox"/> Services Not Received	Although I did engage in a transaction with the above merchant, I am enclosing a detailed explanation of the reason(s) the merchant was not able or willing to provide the requested merchandise/services. I am also providing details of my attempts to resolve this matter with the merchant, including date(s) and the merchant response(s).
<input type="checkbox"/> Credit Applied as a Charge	I have received a credit voucher for the above listed charge, but it was applied to my account as a charge. I am enclosing a copy of the credit voucher.
<input type="checkbox"/> Cancelled Recurring Transaction	I notified the merchant on (date) to cancel pre-authorized recurring charges (i.e., insurance premium membership fee). I have cancelled with the merchant and am enclosing a copy of my dated correspondence to the merchant, if available. I will refuse delivery should the merchandise be received.

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Travel Card Program

<input type="checkbox"/> Hotel Cancellation Dispute	I guaranteed a hotel reservation for late arrival and subsequently cancelled it on _____ (date) at _____ (am/pm) with cancellation number _____. (If no cancellation number was given, please provide a copy of a phone bill showing the date and time the call was made to cancel the reservation.)
<input type="checkbox"/> Airline Ticket Dispute	I have cancelled or returned the above identified airline ticket on _____ because _____. I understood at the time of ordering that it was fully refundable if I chose to cancel. I have contacted the merchant to request credit on _____ and their response was _____. (Please include a copy of the merchant's credit slip.) I am enclosing details of the merchant's cancel/return policy. (The cardholder must provide the location of the tickets at this time. If still in their possession, they must return to the merchant and provide a postal or UPS receipt showing proof that the tickets were returned.)
<input type="checkbox"/> Paid for by Another Means	Please enclose a separate statement with the date of the merchant contact and response. My card number was used to secure this purchase; however, the final payment was made by check, cash, or another credit card. Enclosed is my receipt, canceled check (front and back), copy of credit card statement, or applicable documentation demonstrating that payment was made by other means.
<input type="checkbox"/> Merchandise Not as Described	The item(s) specified do not conform to what was agreed upon with the merchant. (The cardholder must specify what goods, services, or items of value were received. The cardholder must have attempted to return the merchandise and state so in his/her complaint.)
<input type="checkbox"/> Other	Provide a complete description of the problem, attempted resolution and outstanding issues. Use a separate sheet of paper and sign and date your description statement. Numbers in parentheses correspond to numbers on guide sheet on next page.

## Instructions Sheet

<b>Purpose:</b>	Cardholders/APCs may use this form to dispute charges on their charge card.	
<b>Instructions:</b>	<b>Who:</b>	A cardholder or an authorized Agency Program Coordinator (APC) should complete this form.
	<b>When:</b>	Complete this form when there is a need to dispute charges on cardholder account.
	<b>Section I:</b>	<b>Requestor Information:</b> <ul style="list-style-type: none"> <li>• <u>Name</u>: Enter the name of the person requesting the dispute</li> <li>• <u>Date</u>: Enter the date this form is being completed</li> <li>• <u>Cardholder's Name</u>: Enter cardholder's name as it appears on the account</li> <li>• <u>Merchant</u>: Enter the merchant's name as it appears on the statement</li> <li>• <u>Account Number</u>: Enter the 16-digit account number referenced in this dispute</li> <li>• <u>Transaction Date</u>: Enter the date in which the transaction being disputed occurred</li> <li>• <u>Reference Number</u>: Enter the reference number of the disputed charge</li> <li>• <u>Posting Date</u>: Enter the date of disputed transaction</li> <li>• <u>Amount</u>: Enter the amount of the charge posted to the account</li> <li>• <u>Cardholder Signature</u>: Signature of authorized card/account holder</li> <li>• <u>Daytime Phone</u>: Enter daytime commercial phone number for card/account holder</li> </ul>
	<b>Section II:</b>	<b>Reason for Dispute:</b> <ul style="list-style-type: none"> <li>• Select the box that most appropriately relates to your type of dispute. Card program regulations require that you provide additional statements to document specific items, where indicated on the front of this form.</li> </ul>
<b>Submit Request form with supporting documentation via <u>mail or fax</u> as follows:</b>		
<b>Citibank (South Dakota), N.A.</b> <b>P.O. Box 6408</b> <b>Sioux Falls, SD 57117</b>		<b>FAX TO: 1-605-330-9902 or</b> <b>1-866-312-8588</b>

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