



Citibank® Government Cards

Dispute/Billing Inquiry Form for Individually Billed Accounts and Centrally Billed Accounts

Cardholder/APC/PA's Name:		Date:	
Cardholder/Agency Organization's Name:		Merchant Name:	
Account Number/ Transaction Account Number:			
Transaction Date:		Reference Number:	
Transaction Amount:		Posting Date:	Dispute Amount:
Daytime Phone:		Fax Number:	E-mail Address:
Cardholder/APC/PA's Signature:			

FAX TO:

Toll Free Fax: 866-312-8588 **International Fax:** 605-330-9902 **MAIL TO:** Citibank, N.A. • PO Box 6408 • Sioux Falls, SD 57117

Please select one dispute reason from the list below and completely answer all questions. Please complete and sign, then forward to Citibank® and the Program Administrator/Agency Official (as determined by your internal procedures), within 60 days of the statement date on which the disputed transaction posted so that we may investigate.

<input type="checkbox"/> Copy Request	I am requesting a copy of the sales draft for my records. I will receive this copy within 45 calendar days. If it is not my charge, I will need to dispute this item by contacting Citi within 60 days of the statement date.
<input type="checkbox"/> Hotel Cancellation	<input type="checkbox"/> With Cancellation Number: I guaranteed a hotel reservation for late arrival and then cancelled it on _____ (date) at _____ (am/pm) with cancellation number _____ Was the cancellation policy given to you at the time of reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the details of the cancellation policy: _____ _____ _____ <input type="checkbox"/> Without Cancellation Number: I guaranteed a hotel reservation for late arrival and then cancelled it on _____ (date) at _____ (am/pm) No cancellation number was given. Please provide the details of the cancellation, the merchant's response to your cancellation request and the name of person accepting the cancellation, if available: _____ _____ Was the cancellation policy provided to you at the time of reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the details of the cancellation policy: _____ _____ I understand it is required that I have attempted to contact the merchant and travel agent (if applicable), and their response on _____ (date) was: _____ _____ _____ Please fax/mail proof of cancellation such as a copy of a phone bill showing the date and time the call was made to cancel the reservation.

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Account Number: _____

<input type="checkbox"/> Airline Ticket Cancellation Dispute	<p>I have cancelled the above identified airline ticket on _____ (date) because (reason): _____</p> <p>_____</p> <p>I was billed twice and I did not travel on ticket number _____. When I ordered the ticket, I understood it was fully refundable if I chose to cancel.</p> <p>On _____ (date), I contacted the merchant and travel agent (if applicable) and their response was:</p> <p>_____</p> <p>The name and number of the merchant and travel agent (if applicable) is:</p> <p>_____</p> <p>Please provide the details of the cancellation policy and cancellation number, if received:</p> <p>_____</p>
<input type="checkbox"/> Duplicate Processing	<p>I engaged in a transaction with the above merchant. I was billed for the same transaction more than once.</p>
<input type="checkbox"/> Multiple	<p>I engaged in a transaction with the above merchant. I have no knowledge of the 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.</p> <p>The correct transaction took place on _____ (date), in the amount of \$ _____.</p>
<input type="checkbox"/> Credit Not Received	<p>I engaged in a transaction with the above merchant. I dispute the entire charge or a portion of it in the amount of \$ _____.</p> <p>I have contacted the merchant and asked that a credit be applied to my account. I received a credit voucher for the above listed charge, but it has not been applied to my account.</p> <p><u>Please fax/mail proof of credit from the merchant. If you don't have proof of credit, please select another dispute type.</u></p>
<input type="checkbox"/> Merchandise/Service Not Received	<p>Although I engaged in a transaction with the above merchant, I never received: _____ (description of merchandise/service) in the amount of \$ _____.</p> <p>I expected to receive it on _____ (date). If merchandise was to be sent, where was it to be delivered? _____ (Location).</p> <p>I have contacted the merchant and asked that a credit be applied to my account. I contacted the merchant on _____ (date) and their response was:</p> <p>_____</p>

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<input type="checkbox"/> Merchandise Returned	<p>My account has been charged for the above listed transaction, but the merchandise in the amount of \$ _____ has since been returned on _____ (date).</p> <p>The reason for return was:</p> <p>_____</p> <p>_____</p> <p>I have contacted the merchant on _____ (date) and their response was:</p> <p>_____</p> <p>_____</p> <p>Please provide details of the merchant's return policy, if one was provided:</p> <p>_____</p> <p>_____</p> <p>Please list all items that were returned to the merchant:</p> <p>_____</p> <p>_____</p> <p><u>Please fax/mail proof of your return/refusal of the merchandise. It can be obtained by requesting a trace through the local office of the delivery company that shipped the merchandise for you (if returned) or to you (if refused).</u> If this proof is not available, please provide the following information:</p> <p>Date merchandise was received: _____</p> <p>Invoice\tracking number for return: _____</p> <p>Name of shipping company for return: _____</p>
<input type="checkbox"/> Merchandise/Service Not As Described	<p>The item(s) did not conform to what was agreed upon with the merchant. Provide an explanation of what merchandise or service was received and what was expected:</p> <p>_____</p> <p>_____</p> <p><u>If written documentation is available that describes what was expected to be received, please fax/mail a copy.</u></p> <p>Please note where this transaction took place:</p> <p><input type="checkbox"/> at the merchant's place of business <input type="checkbox"/> through the mail <input type="checkbox"/> email <input type="checkbox"/> over the telephone</p> <p>I received or expected to receive the merchandise/service on _____ (date). The merchandise/service was returned or cancelled on _____ (date). I contacted the merchant for a credit on _____ (date) and attempted to discuss the matter. The merchant's response was:</p> <p>_____</p> <p>_____</p> <p><u>Please send proof of your return/refusal of the merchandise. It can be obtained by requesting a trace through the local office of the delivery company that shipped the merchandise for you (if returned) or to you (if refused).</u> If this proof is not available, please provide:</p> <p>Name of shipping company for return: _____</p> <p>Invoice tracking number for return: _____</p>

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Account Number: _____

<input type="checkbox"/> Credit Applied as a Charge	<p>I have received a credit voucher for the above listed charge, but it was applied to my account as a charge. Please fax/mail us proof of credit from the merchant.</p>
<input type="checkbox"/> Cancelled Recurring Transaction (Merchandise or Service)	<p><input type="checkbox"/> With Cancellation Number: I notified the merchant on _____ (date) to cancel pre-authorized recurring charges (i.e., insurance premium, membership fee) and I was provided a cancellation number of: _____. I will refuse delivery should the merchandise be received.</p> <p><input type="checkbox"/> Without Cancellation Number: I notified the merchant on _____ (date) to cancel pre-authorized recurring charges (i.e., insurance premium, membership fee). The merchant has charged me again after this cancellation date. I contacted the merchant again on _____ (date), and their response was: _____ _____ I will refuse delivery should the merchandise be received.</p>
<input type="checkbox"/> Paid For By Another Means	<p>My card number was used to secure this purchase; however, the final payment was made by check, cash, or another credit card. I contacted the merchant on _____ (date) and their response was: _____ _____</p> <p>Please fax a copy of the front and back of the check, a copy of the cash receipt or other documentation that payment was made by other means. If paid by 3rd party, please include their documentation.</p>
<input type="checkbox"/> Altered Amount	<p>Although I engaged in the above transaction, the dollar amount of the sale has been altered from \$ _____ to \$ _____.</p> <p>Please fax/mail a copy of your sales receipt, with the correct dollar amount.</p>
<input type="checkbox"/> Unauthorized Transaction	<p>I certify that the charge listed above was not made by me or a person authorized by me. I did not receive any goods or services from this transaction nor did any person authorized by me.</p>
<input type="checkbox"/> Other	<p>I notified the merchant on _____ (date). I attempted to resolve the issue with the merchant and their response was: _____ _____</p>

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Instructions Sheet			
Purpose:	<ul style="list-style-type: none"> A cardholder may use this form to dispute a charge on their account. An authorized Agency Program Coordinator (APC) or a Program Administrator (PA) may use this form to dispute a charge on either a cardholder account or on a Centrally Billed transaction account. 		
Instructions:	Who: A cardholder, an authorized Agency Program Coordinator (APC) or a Program Administrator (PA) should complete this form.		
	When: Complete this form when there is a need to dispute a charge on a cardholder account or a Centrally Billed transaction account.		
	How: <p>Requestor Information:</p> <p><u>Cardholder/APC/PA's Name:</u> Enter the name of the person initiating the dispute.</p> <p><u>Date:</u> Enter the date this form is being completed.</p> <p><u>Cardholder/Agency/Organization Name:</u> Enter the name of the cardholder as it appears on the account or the name of the agency/organization associated with the Centrally Billed transaction account.</p> <p><u>Merchant Name:</u> Enter the merchant's name as it appears on the statement.</p> <p><u>Account Number/Transaction Account Number:</u> Enter the 16-digit cardholder account number or the Centrally Billed transaction account number referenced in this dispute.</p> <p><u>Transaction Date:</u> Enter the date that the charge or transaction in question was incurred.</p> <p><u>Reference Number:</u> Enter the reference number for the disputed charge.</p> <p><u>Transaction Amount:</u> Enter the dollar amount for the disputed charge.</p> <p><u>Posting Date:</u> Enter the date that the charge or transaction in question posted to the account.</p> <p><u>Dispute Amount:</u> Enter the dollar amount disputed. This amount could be equal to or less than the original transaction amount.</p> <p><u>Daytime Phone:</u> Enter the daytime commercial phone number for the cardholder, APC or PA who initiated this dispute. Include the applicable area code for domestic phone numbers or the appropriate country code for international numbers.</p> <p><u>Fax Number:</u> Enter the daytime commercial fax number for the cardholder, APC or PA who initiated this dispute. Include the applicable area code for domestic fax numbers or the appropriate country code for international numbers.</p> <p><u>E-mail Address:</u> Enter the e-mail address for the cardholder, APC or PA who initiated this dispute.</p> <p><u>Cardholder/APC/PA's Signature:</u> Signature of authorized cardholder/APC/PA initiating this dispute.</p>		
	<p>Reason for Dispute:</p> <p>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.</p>		
<p>Submit Dispute/Billing Inquiry Form with supporting documentation via <u>mail or fax</u> as follows:</p> <table border="0"> <tr> <td style="text-align: center;"> Citibank (South Dakota), N.A. P.O. Box 6408 Sioux Falls, SD 57117 </td> <td style="text-align: center;"> Toll Free Fax: 866-312-8588 International Fax: 605-330-9902 </td> </tr> </table>		Citibank (South Dakota), N.A. P.O. Box 6408 Sioux Falls, SD 57117	Toll Free Fax: 866-312-8588 International Fax: 605-330-9902
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