

STATE OF WYOMING

VISA CARDHOLDER QUESTIONABLE ITEM/DISPUTE FORM

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

ADDRESS _____

WORK PHONE _____

QUESTIONABLE ITEM/DISPUTE DETAILS	AMOUNT OF DISPUTE \$ _____
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PROVIDE NECESSARY DETAILS ABOUT THE QUESTIONABLE/DISPUTED ITEMS(S):

SEND THIS FORM TO:
Purchasing Card Program Administrator
122 W 25th Street Suite 400
Cheyenne, WY 82002
[Email to: saoumb@wyo.gov](mailto:saoumb@wyo.gov)

DATE

SIGNATURE