

# Dispute/Billing Inquiry Form for Centrally Billed Accounts



Citibank® Government Travel Card Program

**Instructions:**

The Agency Program Coordinator (APC) may use this form for disputes and billing inquiries on Centrally Billed Account invoices. Questions? Call toll-free 1-866-670-6462 from the U.S. and Canada. If dialing from international locations, call collect 1-757-853-2467. For TTY / TDD access, call 1-800-855-2880.

<b>Date:</b>	
<b>Fax:</b>	<b>1-605-330-9902 or 1-866-312-8588</b>

Section I: Account Information															
<b>Agency/ Organization Name:</b>															
<b>Central Account Number:</b>															
<b>Transaction Account Number:</b>															
<b>Statement Date:</b>															

Section II: Transaction Information					
Reference Number:	Dollar Amount	Transaction Date	Posting Date	Ticket Number/Vendor Name	Dispute Code

Section III: Reason for Dispute (Select only one)	
<i>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).</i>	
<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 (UT)	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 (MP)	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 (AA)	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 (CR)	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 \$ _____ (MN)	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 \$ _____ (MR)	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 (SN)	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 (CC)	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 (CT)	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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<input type="checkbox"/> Hotel Cancellation Dispute (HC)	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 (AT)	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 (PM)	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 (MD)	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.

### Section IV: Certification

I am enclosing a copy of all related documents, including any credit vouchers, sales receipts, work invoices, and contracts that the Government may have received, along with details of attempts to resolve this matter with the merchant. I certify that the respective card/account holders have reviewed this information and that, for each disputed transaction, the reason noted above is true and accurate.

<b>Authorized Official</b>	<i>Name/Title (enter or print)</i>	<i>Business Telephone</i>	<i>Ext.</i>
	<i>Signature</i>	<i>Business Fax</i>	<i>Date</i>

## Instructions Sheet

<b>Purpose:</b>	APCs may use this form for disputes and billing inquiries on charges incurred on a centrally billed account only.		
<b>Instructions:</b>	<b>Who:</b>	An Agency Program Coordinator (APC) should complete this form.	
	<b>When:</b>	Complete this form when there is a need to dispute charges on a centrally billed account.	
	<b>How:</b>	Section I:	<b>Account Information:</b> <ul style="list-style-type: none"> <li>• <b>Agency/Organization Name:</b> Enter the name of agency/organization associated with the Central Account Number.</li> <li>• <b>Central Account Number:</b> Enter the 16-digit central account number. This is also known as the billing account number.</li> <li>• <b>Transaction Account Number:</b> Enter the 16-digit transaction account number. This is the account number to which transactions are charged.</li> <li>• <b>Statement Date:</b> Enter the date that the billing statement was generated.</li> </ul>
		Section II:	<b>Transaction Information:</b> <ul style="list-style-type: none"> <li>• <b>Reference Number:</b> The reference number for the disputed item or transaction in question. It is located to the left of the description on the invoice.</li> <li>• <b>Dollar Amount:</b> The amount of the disputed item or transaction in question. It is located on the right-hand side of the paper invoice.</li> <li>• <b>Transaction Date:</b> The date that the disputed item or transaction in question was incurred. This date may be found on the left-hand side of the paper invoice.</li> <li>• <b>Posting Date:</b> The date the disputed item or transaction in question posted to the account. This date may be found on the paper invoice between the sale date and MCC Code.</li> <li>• <b>Ticket Number/Vendor Name:</b> The ticket number of the disputed item or transaction in question and/or the name of the vendor from which the item was purchased. The description is located to the left of the total amount.</li> <li>• <b>Dispute Code:</b> Please input the two-letter dispute code that corresponds to the disputed transaction. The two-letter codes can be found in Section III, next to the reasons for dispute (in parentheses).</li> </ul>
		Section III:	<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>
		Section IV:	<b>Certification:</b> <ul style="list-style-type: none"> <li>• <b>Name:</b> The name of the individual authorized to initiate this dispute or billing inquiry.</li> <li>• <b>Business Telephone/Fax Number:</b> The commercial office telephone/fax number and extension of the individual who is authorized to initiate this dispute or billing inquiry. Include the applicable area code for domestic phone and fax numbers or the appropriate country code for international numbers.</li> <li>• <b>Signature:</b> Authorized signature.</li> <li>• <b>Date:</b> Date this form was signed by authorized individual.</li> </ul>
<b>Submit Request form with supporting documentation via <u>mail or fax</u> as follows:</b>			
<b>Citibank (South Dakota), N.A. P.O. Box 6408 Sioux Falls, SD 57117</b>		<b>FAX TO: 1-605-330-9902 or 1-866-312-8588</b>	

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