

UNIVERSITY OF WYOMING CARDHOLDER
SUBSTITUTE RECEIPT / DISPUTE FORM

Please use a separate form for each transaction.

ACCOUNT INFORMATION

Account Number
(last six digits only): XXXX-XXXX-XX -

Cardholder Name: _____

Work telephone number: _____

Select one:

- **This is a substitute receipt.** Include reason for lack of documentation in the Details section. **BOTH THE DEPARTMENT HEAD AND CARDHOLDER MUST SIGN BELOW** before forwarding this document, with the transaction log, to the Accounts Payable Office in Old Main.

- **This is a disputed transaction.** Department head signature is not required. Cardholder should begin resolution of the dispute with the vendor, and is to notify Procurement Services of the dispute (fax 766-2800). If this dispute cannot be resolved within 45 days of the transaction date, Procurement Services will then assist to resolve the dispute.

PROVIDE NECESSARY DETAILS:

INCLUDE VENDOR NAME, DATE, AMOUNT OF TRANSACTION, AND EXPLANATION

Please sign and date after completing and printing the form

CARDHOLDER SIGNATURE _____ DATE _____

If this is a Substitute Receipt, Department Head signature is required.

DEPT. HEAD SIGNATURE _____ DATE _____