

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Please sign and date after completing form

DEPT. HEAD SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Please sign and date after completing form