

**WILMINGTON CUSD 209U
ACCOUNTS PAYABLE
MISSING DOCUMENTATION FORM**

Auditing standards require original documentation to support all payments for products, services or reimbursements. In the event that an Authorized Purchaser or staff member loses a receipt or other original documentation, this form must be completed and signed by the Supervisor, thereby authorizing payment.

Incomplete or inaccurate forms may result in the denial or delay of reimbursements.

PRINT PURCHASER NAME (as it appears on paycheck)

SCHOOL OR DEPARTMENT | SUPERVISOR NAME

PLEASE DESCRIBE WHY DOCUMENTATION WAS NOT PROVIDED:

VENDOR NAME

DATE OF PURCHASE | AMOUNT

FORM OF PAYMENT (for reimbursements only)

DESCRIPTION OF GOODS OR SERVICES

PLEASE DESCRIBE THE PURPOSE FOR THE PURCHASE, INCLUDING DATES OF INTENDED USE:

EMPLOYEE REQUEST FOR PAYMENT: | SUPERVISOR AUTHORIZATION:
SIGNATURE OF EMPLOYEE | SIGNATURE OF SUPERVISOR

Attach other forms of proof of purchase/payment such as credit card statement, cancelled check, etc...

**WILMINGTON CUSD 209U
p-Card STATEMENT DISPUTE FORM**

This form is provided to assist you should you believe a transaction on your statement is in error. Regulations require that disputes be settled in 30 days so should be addressed as soon as possible. Any disputes that cannot be resolved by the cardholder directly with the vendor should be recorded on this form and submitted to the p-Card Administrator who will deal directly with the bank and the vendor.

Cardholder Name: _____

Account #: _____

Vendor Name: _____

Transaction ID: _____

Transaction Date: _____

Posting Date: _____

Transaction Amount \$ _____

Please circle one of the following choices applicable to your dispute. Include all necessary information/documentation including a copy of the statement.

1. I do not recognize the above-mentioned charge. I have attempted to contact the vendor to obtain further information.
2. I have been billed more than once by the same vendor. I authorized one charge with this vendor only. My card was in my possession at the time of the disputed transaction.

Valid Charge	\$ _____	Reference # _____	Transaction Date: _____
Invalid Charge	\$ _____	Reference# _____	Transaction Date: _____
3. I canceled: Service/ Airline Ticket/ Hotel Reservation on _____(date).
Cancellation # _____
4. I have not received the merchandise that was to be shipped to me on _____(date).
I have requested credit.
5. Merchandise that was shipped to me arrived damaged or not as described. I returned it on _____ (date) and asked the vendor to credit my account. I am providing a copy of my returned mail receipt.
6. Vendor was to issue credit for merchandise I returned to the store. I have enclosed a copy of my credit receipt.
7. Vendor was to issue tax credit refund. I have enclosed a copy of the on-line order.
8. I have been charged for a purchase that was paid for by other means. I am providing a copy of the documentation showing the other method of payment.
9. I have been billed for an incorrect amount. My receipt shows \$_____, however, I was billed \$_____. I am providing a copy of my receipt showing the correct amount.
10. I did not authorize the above-mentioned charge. I have attempted to contact the vendor to resolve the dispute but have been unsuccessful.

Please attach copy of statement and detailed information further describing the dispute.

Work Phone: _____ Email: _____

Signature _____ Date _____

**WILMINGTON CUSD 209U
p-CARD ACCOUNT MAINTENANCE FORM**

Employee Name _____ Position Title _____

Date of Card Issuance _____ p-Card Number _____

Name Change Request: Name Currently on p-Card: _____
Request name change to: _____

Location Change: Current location: _____
Relocating to: _____

Credit Limit Change: Current limit \$ _____
Requested limit \$ _____
Explanation for request: _____

Card lost or stolen: Date noticed missing: _____

Cancel Credit Card: Explanation for cancellation: _____

Suspend Credit Card: Explanation for suspension: _____

Signature, Employee _____ Date _____

Signature, Direct Supervisor _____ Date _____

Signature, Purchasing Supervisor _____ Date _____

Signature, Asst. Supt. For Business _____ Date _____