

**CITY OF NEWTON
Purchasing Card
Vendor Dispute Form**

Cardholder Name

Card Number

Vendor Name

Vendor Representative Name

Cardholder Signature

Date Form Completed

Invoice/Ticket No.	Invoice Total	Item(s) in Dispute	Unit Price	Sales Tax	Total (Items) in Dispute only	Credit to be issued (Yes/No)

Please give a brief description of the dispute and what the expected outcome is.

Return Authorization Number issued by vendor is _____