

**University of Connecticut WEX Fuel Card Program  
Statement of Questioned Item**

Driver's Name:	Card Number:
Vehicle Plate Number	Vendor Name:
Department:	Amount: \$
Building Address:	Description of Item:
Room #:	Transaction Date:
Telephone #:	Reference #:

***Note: This form is to be completed only if you have been unable to resolve the issue with the vendor directly.***

Please  check the reason for your dispute below:

I did not make nor authorize the above transaction. (*Please explain*)

\_\_\_\_\_

There is a difference in the amount I authorized and the amount I was billed. (*Please attach supporting documentation*)

Duplicate charge (*Please attach supporting documentation*)

I dispute the transaction for the following reason (e.g.: Not received, duplicate charge, wrong item, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date