

**Sample Cardholder Statement of Account**

Front



CARDHOLDER STATEMENT OF ACCOUNT

Cardholder Number  
4716-0030-0048-3058

**A** JOHN DOE  
DIR OF LOGISTICS  
AFZH-DLM-RP MS 18L  
BOX 339500  
FORT LEWIS WA 98433-9500

4716-0030-0048-3058

**B** MESSAGES:

**C** ACCOUNTING CODE: 21\*202000076202226RDIMPAC905DELFIIV120022005070

<p><b>D</b> CUSTOMER SERVICE CALL TOLL FREE 1-888-99-IMPAC (1-888-994-6722)</p>	<p><b>D</b> CARDHOLDER NUMBER 4716-0030-0048-3058</p> <p><b>E</b> STATEMENT DATE 08/28/98</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;"><b>H</b> ACCOUNT SUMMARY</th> </tr> <tr> <td>Purchases and Other Charges</td> <td style="text-align: right;">5,456.63</td> </tr> <tr> <td>Checks</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Check Fee</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Credits</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>I</b> STATEMENT TOTAL</td> <td style="text-align: right;">5,456.63</td> </tr> <tr> <td><b>J</b> Total Balance in Dispute</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>K</b> 30 Day Credit Limit</td> <td style="text-align: right;">8,000.00</td> </tr> </table>	<b>H</b> ACCOUNT SUMMARY		Purchases and Other Charges	5,456.63	Checks	0.00	Check Fee	0.00	Credits	0.00	<b>I</b> STATEMENT TOTAL	5,456.63	<b>J</b> Total Balance in Dispute	0.00	<b>K</b> 30 Day Credit Limit	8,000.00
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<p><b>F</b> BILLING OFFICE ACCOUNT NUMBER 4716-3045-5553-8050</p> <p><b>G</b> BILLING OFFICE CONTACT AND ADDRESS  BLDG 2758 FT CARSON, CO 80913</p>																		

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# Sample Cardholder Statement of Account (page 2)

Front

JOHN DOE  
DIR OF LOGISTICS  
AFZH-DLM-RP MS 18L  
BOX 339500  
FORT LEWIS WA 98433-9500

STATEMENT DATE: 04/23/98

<b>L</b>	<b>M</b>	<b>N</b>	<b>O</b>	<b>P</b>	<b>Q</b>	<b>R</b>
TRAN DATE	MONTHLY ACTIVITY	SIC CODE	REFERENCE NUMBER	POSTING DATE	AUTH CODE	AMOUNT
03-27	CLARKUFT OF WA, AK 208-762-7440 WA	5712	527020	03-31	038272	2,100.00
<b>S</b> <i>Description:</i>						
03-26	SWIFT TOOL INC KENT WA	5261	027302	03-31	0311662	648.50
<i>Description:</i>						
03-28	PUGET SOUND INSTRUMENTS TACOMA WA	5733	100801	04-01	060234	365.25
<i>Description:</i>						
04-17	UNIFIRST CORPORATION 505-698-8888 MA	8884	205820	04-21	063503	1,552.70
<b>T</b>	<b>TOTAL</b>					<b>5,456.63</b>

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

**Sample Cardholder Statement of Account**

Back

**CARDHOLDER CERTIFICATION STATEMENT**

"I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE AND MADE IN GOOD FAITH, AND SUBJECT TO TITLE 18 U.S. CODE, SECTION 1001."

**A**

\_\_\_\_\_  
CARDHOLDER SIGNATURE/DATE

\_\_\_\_\_  
APPROVING OFFICIAL SIGNATURE/DATE

PURCHASES MADE WITH THE CREDIT CARD ARE IN MOST INSTANCES EXEMPT FROM STATE AND LOCAL TAXES. IT IS IMPORTANT THAT YOU ADVISE THE MERCHANT OF THIS BEFORE THE PURCHASE IS AUTHORIZED OR THE BILL IS PREPARED.

**INSTRUCTIONS FOR DISPUTING A SALES TRANSACTION**

1. Attempt to resolve the dispute with the vendor.
2. Complete the Cardholder Statement of Questioned Item form. This form is available from your Approving Official or Agency Program Coordinator.
3. Pay particular attention to:
  - describing the attempted vendor resolution
  - signing the form
  - providing your daytime telephone number including area code
  - attaching any supporting documentation such as credit vouchers, return shipping documents such as postal receipts or UPS receipts, etc.
4. Return the original form to:

I.M.P.A.C. Card Services  
P.O. Box 6347  
Fargo, ND 58125-6347
5. The statement of Questioned Item must be returned to I.M.P.A.C. Card Services no later than 60 days after the statement date on which the transaction appeared in order to preserve your rights to dispute the transaction.
6. Retain a copy for your files and forward a copy with your certified Statement of Account to your Approving Official or other routing as indicated by your office's internal procedures.

If you have questions concerning disputing a transaction, you are encouraged to call I.M.P.A.C. Customer Service at 1-888-99-IMPAC (1-888-994-6722) so that we may assist you.



## Cardholder Statement of Account Explanation

SECTION	EXPLANATION
A. CARDHOLDER:	Your name as it appears on your card, along with your service/agency name and office address.
B. MESSAGE:	Your service/agency, GSA, or I.M.P.A.C. Government Services may provide important program information here.
C. ACCOUNTING CODE:	The Master Accounting Code assigned in your introduction letter if applicable. All purchases will be automatically associated with this code.
D. CARDHOLDER NUMBER:	The 16-digit account number on your card or account.
E. STATEMENT DATE:	The date your Cardholder Statement of Account is issued and sent to you.
F. BILLING OFFICE ACCOUNT NUMBER:	The account number assigned to your Billing Official.
G. BILLING OFFICE CONTACT AND ADDRESS:	The name and address of your Billing Official.
H. ACCOUNT SUMMARY:	Summary of total charges.
I. STATEMENT TOTAL:	Total purchases and other charges since last statement date.
J. TOTAL BALANCE IN DISPUTE:	The net total dollar amount of transactions in dispute.
K. 30-DAY CREDIT LIMIT:	This is the maximum amount available for purchases in one 30-day period.
L. TRAN DATE:	The date of your purchase. This date should match the date on the sales receipt provided by the merchant.
M. MONTHLY ACTIVITY:	The merchant's name, city, and state.
N. SIC CODE:	The SIC Code assigned by the merchant's processing bank and used by the Visa system to identify the type of merchant or product sold.
O. REFERENCE NUMBER:	A 6-digit number used internally by I.M.P.A.C. Government Services to record the transaction posted to the account.
P. POSTING DATE:	The date I.M.P.A.C. Government Services received and processed the transaction posted to the account.
Q. AUTH CODE:	The authorization code is a reference number that is provided to the merchant through Visa Authorization network at the point-of-sale to confirm that the purchase is approved. This code appears on your copy of the sales draft.
R. AMOUNT:	The amount of each purchase as shown on your copy of the sales draft.
S. DESCRIPTION:	If required by your service/agency, complete this area by writing in the number and description of item(s) purchases. Stock or invoice numbers are not required. Example: (4) lbs. Nails; (1) each screw-driver hammer.
T. TOTAL:	The net total dollar amount of current month activity.

**Back Side of Cardholder Statement of Account**

SECTION

EXPLANATION

A. SIGNATURES/DATES:

If required by your service/agency, you must sign and date your statement. Any items not on this month's Cardholder Statement of Account may appear on the next statement. The Billing Official may also review, date, and sign the statement.