

State of West Virginia Purchasing Card Vendor Complaint Form

Please Print or Type Information

1. Cardholder Name:	2. Agency:
3. Mailing Address:	4. Work Number and Extension
5. Email Address:	5. Account Number:
6. Vendor Name:	7. Vendor Address:
8. Vendor Phone Number	9. Cardholder Signature and Date:

10. Nature of Complaint (Please be specific.) If additional space is required, please use back of form.

Return Vendor Complaint Form To:

West Virginia State Auditor's Office
Purchasing Card Program
Building 1, Room WB1-A
Charleston, West Virginia 25305