

# Manual Adjustments & Information Requests

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Use this form **only** if you cannot use TranView or if the matched status (MS) field does not yet show "G."

Institution: \_\_\_\_\_ FIID/Logo: \_\_\_\_\_

Submitter's name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Network: \_\_\_\_\_

**Required:** You must attach a screen print of the Fiserv Detail screen (From TranView) or network report and mark the transaction in question.

<b>Adjustment</b>	Cardholder is to be	<input type="checkbox"/> Debited	<input type="checkbox"/> Credited
	Adjustment amount	\$ _____	

**Info Request** \_\_\_\_\_

**Fax with screen print or network report to:  
Adjustments at 503-274-6711.**