

Bishop Garrigan Scrip – Card Trouble Report
Must be filled out completely

Name: _____ Date: _____

Phone #: _____

Name of Card with the Trouble _____ Denom. _____

Numbers on Back of Card _____

Describe Problem: _____

Signed _____

I understand that if I receive a replacement card, and it is found that the original card was spent, I will pay for the replacement card.

For Office Use Only:

Name of person assisting _____ Date _____

Gave a replacement card: ___ YES Card _____ Denom _____

 ___ NO

Comments by office personnel _____

Attach Trouble Card here with tape.