

**Request for Lab Printing Refund**

To get a refund this form must be **filled** out completely no exceptions.

**PRINT YOUR NAME**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

User name \_\_\_\_\_ @Calpoly.edu

Number of Pages \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Lab Location AND Department: \_\_\_\_\_  
**(Building and Room Number mandatory requirement)**

Job Name \_\_\_\_\_

Date \_\_\_\_\_ Time Printed \_\_\_\_\_

Reason for Requesting Refund:

\_\_\_\_\_  
\_\_\_\_\_

Attach Damaged Prints

It is a mandatory requirement to attach the damaged prints, unless explanation is provided.

Reason Damaged Prints Are Not Attached:

\_\_\_\_\_  
\_\_\_\_\_

**Must be sign by both:**

Student's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Lab Monitor's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send to PolyCard/Customer Service Office in the 19 Metro Station Atrium Building  
19 Room 106F Phone 756-2614, or 756-5939**