

Request for PolyCard Printing Refund

Current Term: _____

Name: _____ Campus ID# _____ - _____ - _____

Email address: _____

Printing Refund Requested: Number of Pages: _____ Amount Requested: \$ _____

Lab Location: Bldg # ____ Rm # ____ Department _____

Job Name: _____ Date & Time Printed: _____

Reason for Requesting Refund:

Damaged Prints Attached

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

Reason Damaged Prints Are Not Attached:

Student's Signature: _____ Date: _____

Lab Monitor's Signature: _____ Date: _____

For Office Use Only

Transaction & Amount Verified

Department Verified

66(Printing) Amount: _____ Owed to Date Refunded _____

55/56(Campus Express) Amount: _____ Owed Date Refunded _____

Comments: _____

Processed by: _____