

LIBRARY COPY/PRINT CARD REFUND REQUEST

Contact Information:

Name _____
Address _____
City, State, Zip _____
Telephone _____
Email _____

Amount of Refund Requested:

Reason:

<input type="checkbox"/>	Card dispenser problem.	Location:	_____
<input type="checkbox"/>	Copier problem.	Location:	_____
<input type="checkbox"/>	Other	Location:	_____

If Other, Explain:

Signature of Requestor: _____ Date: _____

Approved by Circulation Desk: _____ Date: _____

Circulation Desk Staff, take this form to Virginia Ernst, DML 337, x07312, who will issue you petty cash for this refund.

Copies of this form must be routed to Maria Gradillas, DML 304, and by separate cover to Ed Hernandez, Xerox Business Services, mc xxxx