

REFUND FORM

Please Print Neatly

First Name Last Name Contact #:

Date of Problem

SSU ID#

Type of Machine:

Snack *Laundry Off Campus Business Name: _____
Pepsi Copier Print Station

Location of Machine: _____ * Machine #: _____ **Must have correct number for refund**

Please give full description of problem including how many times card was swiped and no service was given:

Signature Date

Office Use Only : Print History for the Date of problem and attach to form.

** Accepted by: _____	Approved: _____	Date: _____	Amount: _____
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This form can take up to one full week to be processed.

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