Request for Lab Printing Refund

To get a refund this form must be filled out completely.

PRINT YOUR NAME LEGIBLY

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 the Damaged Prints

It is a mandatory requirement to attach the damaged prints, unless explanation is
provided. Reason Damaged Prints Are Not Attached: _____________________________

Sign Below:

Patron

Signature________________________________________ Date_______________________

Lab Monitor (If Available)

Signature________________________________________ Date_______________________

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Please Return to PolyCard Services in Building 46 Room 100
Phone: 756-2614
Email: polycard@calpoly.edu