Request for Lab Printing Refund

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

PRINT YOUR NAME LEGIBLIY

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