

Vending Refunds

University of Texas Medical Center
at Dallas

Date: _____

Name: _____

Dept. or Class: _____ Ext./Box. _____

Address: _____

City: _____ Zip: _____

Amount of Refund: _____

Type of Machine: _____ # of Machine: _____

Location: _____

Issued by: _____

NOTICE

All refunds for dollar bill changers and **all** refunds for \$1.00 or more are subject to verification **prior** to refund.

Dispersement will be by check within 10 working days. Cashiers are not authorized to violate any refund policies.

FOR OFFICE USE ONLY

Date of Refund: _____ Control #: _____