

Cardholder's Name: _____ UFID#: _____

Cardholder's Email Address: _____ Refund Requested: \$ _____

Description of Problem:

Cardholder's Signature: _____ Date: _____

Verifier's Name: _____ Copier/Printer Location: _____

Verifier Signature: _____ Date: _____

Send to Library Fiscal Services by inter-office mail or by fax to 846-0335

Processor's Name: _____ Amount of Transfer: _____

Processor's Signature: _____ Date: _____

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