PAY-AS-YOU-GO Print Refund Request Form Internal Use Only ___________

In the event that you require a refund during a time when an assistant is not on duty please use this form to submit a refund request. A print job that is illegible (faded, large streaks, crumpled paper, printer jams) resulting from a problem with a printer will be eligible for a refund. Please attach the printout to this completed Refund Form in order to qualify and to be considered for a refund. Any print job that does not print properly because of user error will not be eligible for a refund. Completed refund requests must be submitted within 24 hours of the print request in the designated location for this lab.

For more information visit: www.uta.edu/payasyougoprinting

(Please Print Clearly)

Name: _____________________________ 16 Digit ID Card # _____ _____ _____ _____
1000 Number: ______________________  Contact Email : _______________________
Refund Amount Requested: ______________
Problem Description: __________________________________________________________

This request must include the printed job in order to be considered for refund

Lab Name (Building, Room #):_________________________
Print Job Type:
Black & White ___ Color ___ Double Sided ___ Single Sided___ Plotter/Other___
Client Signature:_______________________________________  Date:______________
Approvers NetID :_____________________ Approve ________  Disapprove ________

All refunds should be completed within one business day. An e-mail notification will be sent to the Clients MavMail address upon the completion of the refund or denial of request.