

University of Memphis Copy Refund Request Form

All fields required unless indicated

Patron UID #: _____ Last Name: _____ First Name: _____
If guest, leave UID # field blank

Street: _____ City: _____ State: _____

Phone #: _____ Email: _____

Transaction Date: _____ Copy Card #: _____ Amount of \$ lost: _____
If applicable

How did you pay:

- cash
 credit card

Reason for refund request:

- Bad copies (Bill to Acct: 110001/271000/59460/3500)
 Money not deposited on card

Indicate Refund Preference:

- Apply refund to Tiger Fund\$/copy card
 Refund by check (**NOTE: \$5 minimum for check refund**)

NOTE: Allow at least 10 business days to process.

Library Administration Office Use Only - 203 McWherter Library - phone 678-2201

Request Submitted By: _____

Library personnel

Date Submitted: _____

Approved By: _____

Library Dean/designee

Date Approved: _____

Bursar's Office Use Only - 115 Wilder Tower - fax 678-0288

Date Refund Processed: _____ \$ Amount: _____ Processed By: _____

Notes: _____

Instructions:

- (1) Patron fills out information. (2) Library personnel reviews data, signs, and gives to Library Administrator.
- (2) Library Administrator signs form and emails it to campuscard@memphis.edu for review and processing.