

STUDENT PRINTING SERVICE

REQUEST FOR REFUND FOR PRINT FAULT



Personal Details

| | |
|-----------------------|--|
| Date of Request | |
| Student Name | |
| Student ID Number | |
| Contact Phone Number | |
| Contact Email Address | |

Refund Request Details

| | |
|---|-------------------------------------|
| Date of Faulty Print Job | |
| Time of Faulty Print Job | AM / PM |
| Computer Suite Used | |
| Computer Number Used (or description of position if number is not known/not applicable) | |
| Document name | |
| Document type (please circle) | Word / Excel / Pdf / Html Other: |
| Total Number of Pages | |
| Number of Pages to be Credited | |

Reason for Refund Request *(please attach faulty pages printed/error messages received)*

| |
|--|
| |
| |
| |
| |

I declare that the information on this form is correct and request that Card Services credit my printing account with the above nominated pages to be credited.

Signed: _____

Office Use Only

| | |
|-------------------------|----------------|
| Date Request Processed: | Authorised by: |
|-------------------------|----------------|