

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:
-------------------------	----------------