VENDING REFUND REQUEST FORM

REQUEST DATE: _____/ ____/_____

REQUESTOR INFO

FIRST NAME: ____________________  LAST NAME: ____________________  
GU UID: ________________________  NETID/EMAIL: ____________________  
BLDG/ROOM#: ____________________  PHONE: (____) _____-

VENDING MACHINE INFO

DATE OF LOST: _____/____/______  LOCATION / DESCRIPTION: ____________________

MACHINE TYPE: □ COKE    □ CANTEEN  MACHINE #: ____________________

HOW PAID (Check one): □ CASH $_______  □ GOCARD DEBIT$ _________

REASON FOR REFUND REQUEST:

□ PRODUCT DID NOT DISPENSE  
□ WRONG PRODUCT  
□ INCORRECT CHANGE  
Other: __________________________________________________________

Requestor Signature: ___________________________  Date: _____/____/_______

To Be Completed by GOCard Staff Only:

Amount refunded in Cash $________

Amount to post to GU GOCard Debit$ __________

Issued By: ____________________________

Georgetown University Law Center
Satellite GOCard