** REFUND REQUEST**

**10-00-00-4042**

**Complete this form and check which type of refund:**

**\_\_\_ If under $20.00, pay from cash register. Submit this form with Cash Reconciliation.**

**\_\_\_ If over $20.00, forward this request form to Finance for check payment.**

**PCCLD Refund Guidelines :**

* **Refunds are issued for material returned within 90 days of paying for the item.**
* **No refunds for overdue fee, items returned after the 90 day deadline or items returned damaged.**

|  |  |  |
| --- | --- | --- |
| **Current Date :** | **Library:** | **Staff Initials** |

|  |
| --- |
| **Supervisor Signature :**  |

**Customer’s Information**

|  |  |
| --- | --- |
| **Name:** | **Card Number:**  |
| **Street:** | **City/State/Zip code** |
| **Payable to (if different from above customer)** |

**Item Information**

|  |  |
| --- | --- |
| **Receipt #**  | **Payment Date:**  |
| 1. **Barcode #**
 | **Title** |
| 1. **Barcode #**
 | **Title** |
| 1. **Barcode #**
 | **Title** |

**Refund Information**

|  |  |
| --- | --- |
| **1. Amount of Payment Received:** |  **$** |
| **2. Amount of Payment Received:** |  **$** |
| **3. Amount of Payment Received:** |  **$** |
|  **Subtotal $** |
| **Subtract accumulated fees on customers account: - $** |
| TOTAL REQUESTED REFUND **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |