

TICKET REFUND/CLAIM FORM

PRA USE ONLY

***** PLEASE PRINT ALL INFORMATION CLEARLY AND COMPLETELY *****

TICKET REFUND
PLEASE FILL IN SECTIONS A AND B ONLY

TICKET CLAIM
PLEASE FILL IN SECTIONS A, B, C AND D

A. PERSONAL INFORMATION

CUSTOMER'S NAME			DAY PHONE () -	EVENING PHONE () -
HOME ADDRESS			E-MAIL ADDRESS	
CITY	STATE	ZIP CODE	TODAY'S DATE / /	

B. REASON FOR RETURN/CLAIM

BRIEFLY DESCRIBE THE CIRCUMSTANCES.

CUSTOMER'S SIGNATURE	DATE SIGNED / /
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C. TICKET INFORMATION (Claim Only)

DATE PURCHASED / /	TIME : <input type="checkbox"/> AM <input type="checkbox"/> PM	STATIONS PRINTED ON TICKET FROM: TO:
TICKET TYPE <input type="checkbox"/> ROUND-TRIP <input type="checkbox"/> PEAK <input type="checkbox"/> SENIOR / DISABLED / MEDICARE <input type="checkbox"/> WEEKLY COMMUTATION <input type="checkbox"/> METROCARD Value \$ _____ <input type="checkbox"/> ONE-WAY <input type="checkbox"/> OFF-PEAK <input type="checkbox"/> TEN-TRIP <input type="checkbox"/> MONTHLY COMMUTATION <input type="checkbox"/> OTHER _____		

D. PURCHASE INFORMATION (Claim Only)

PURCHASED FROM		
<input type="checkbox"/> TICKET SELLER	GIVE NAME, DESCRIPTION, WINDOW NUMBER OR LOCATION	at STATION NAME
<input type="checkbox"/> TICKET VENDING MACHINE #	at STATION NAME	<input type="checkbox"/> ON-BOARD CONDUCTOR
PAYMENT TYPE <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> TRANSITCHEK		EVIDENCE OF PURCHASE? <input type="checkbox"/> YES (Please attach) <input type="checkbox"/> NO
<input type="checkbox"/> CREDIT* * Please fill in the first six and last four digits of your credit card number -		
<input type="checkbox"/> DEBIT*		
AMOUNT PAID: \$ _____	CHANGE RECEIVED: \$ _____	AMOUNT OF CLAIM \$ _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

ORIGINAL FORM TAKEN BY	EMPLOYEE ID NO.	DATE TAKEN / /	AMOUNT OF REFUND/CLAIM \$ _____
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REMARKS		
<input type="checkbox"/> CLAIM APPROVED	<input type="checkbox"/> CLAIM DISAPPROVED	AUTHORIZED BY
		DATE / /

TICKET SELLER: PLEASE ENTER TICKET INFORMATION AND STAPLE TICKET(S) HERE

TICKET TYPE	TICKET NUMBER	TOM/TVM NO.	TICKET DATE	PAYMENT METHOD (Check one for each ticket submitted)
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT <input type="checkbox"/> DEBIT
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT <input type="checkbox"/> DEBIT
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT <input type="checkbox"/> DEBIT
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT <input type="checkbox"/> DEBIT

TICKET AGENT'S STAMP HERE

TIME: _____