Reimbursement Claim

*Print Clearly- Post Office must be able to read your writing*

Your Name (as it should appear on check):

Your Name and Address,

Including apartment number and city:

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Amount being claimed: $ \_\_\_\_\_\_. \_\_\_\_ Date of Event: \_\_\_\_\_/\_\_\_\_\_\_/ 20\_\_\_\_\_

If applicable, bills or coins in question: \_\_\_\_\_\_ Dollars & \_\_\_\_\_\_ Quarters

Store Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Machine # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you call service line? \_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

Did you try to use coin return lever? \_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

Describe incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Product not delivered

\_\_\_\_\_ Coin not credited

\_\_\_\_\_ Coin not returned

\_\_\_\_\_ Machine malfunction

\_\_\_\_\_ Card improperly charged

Sign Here x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_/\_\_\_\_\_\_/ 20\_\_\_\_\_

I attest that this is an honest statement. Fraudulent claims are subject to ASSET FORFEITURE, ARREST and CRIMINAL PROSECUTION if applicable under law.

Claims must be submitted within \_\_\_\_ days of event. Claims to be paid by check / money order.

Incomplete and illegible forms will be rejected. Claim Number: \_\_\_\_\_\_\_\_\_\_

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Staff Use Only:

Claimant Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim Number: \_\_\_\_\_\_\_\_\_\_\_ Date Rec’d: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Refund Approved

\_\_\_\_\_\_\_\_ Toll/ Postage Paid (if required by law)

\_\_\_\_\_\_\_\_ Amount Paid