Vending Refund Policy

The University of Houston's Business Services Department manages the contracts for Lone Star Ice Cream, Inc., Canteen, and Houston Coca Cola Bottling Company.

It is our policy that:

- Any refund request submitted may be subject to review at our discretion. Refund reviews will be conducted by the vending contractor and the outcome referred to Vending Services within the Department of Business Services for a final decision.
- Refund requests may be submitted for up to five (5) days past the stated date of loss.
- Each item must be submitted on a single form, no bundling or claims for multiple days will be honored by the Cashier's Office.
- All required fields of information must be completed or the refund will not be referred for review.
- Barring unforeseen circumstances, refund decisions should be made available within one to four (1-4) business days past the completion date of the form.
- Proof of identification (i.e. a UH identification card or other form of recognized picture identification such as a Driver's License or Passport) will be required to submit a refund request.

Certification of Claim

I certify that the refund request I have submitted is accurate and true as stated.

I further acknowledge that if a review determines that this refund was not valid, that upon notification, I will return the refunded portion to the Business Services Department. Failure to comply may result in all available remedies being exercised, including but not limited to legal prosecution.

Please complete the refund request on the reverse side of this form.

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Note: Modification of this Form requires approval of OGC

Lone Star Ice Cream, Inc.

ICE CREAM Vending Refund Request Form

All refund requests are subject to review at the discretion of the Department of Business Services (Please see Vending Refund Policy on the reverse side)

Name of person	requesting refund	:					
Identification #:							
	(UH ID#, Driver's	License#, etc.)					
Student	_StaffF	aculty Othe	er:				
			(Company/Af	filiation to UH)			
If Staff or Facult	y, please provide	dept. name & mai	il code:				
Daytime Phone:			Work Pho	one:			
Cell Phone:				ager:			
	(Provide ar	ea code with num	ber if it is not a	UH number)			
Email:							
Building name v	where stated loss t	ook place:					
Room # or locati	on in building:						
	type(s):						
-Feedback	$\frac{1}{(i.e. Ice Ci}$	ream Sandwich, F	udge Bar, etc.)				
Day and Date of	stated loss:						
	oss:						
Did you call the	Vending Services	number on the m	achine to report	a repair? Yes	No		
-	brief description				eason for this		
Pefund amount	requested:						
	-						
Lone Star Ice Cr	eam Product: (Ple	ase indicate the a	ppropriate item(s	5))			
	Item	Frozen Bars	Sandwiches	Cups			
	Amount Lost	\$	\$	\$			
Requestor's Sign	nature:		D	ate:			
Cashier: Date:							
Vending Service	s Approval:		D	Date:			

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Houston Coca Cola Bottling Company

COKE PRODUCTS, POWERADE, DASANI, & MINUTE MAID Vending Refund Request Form

All refund requests are subject to review at the discretion of the Department of Business Services (Please see Vending Refund Policy on the reverse side)

Name of person requesting refund: _				
Identification #:				
(UH ID#, Driver's License#, etc.)				
Student Staff Facu	ulty Other: (Company/Affiliation to UH)			
If Staff or Faculty, please provide dep	pt. name & mail code:			
Daytime Phone:	Work Phone:			
Cell Phone:	Pager:			
(Provide area	code with number if it is not a UH number)			
Email:				
Building name where stated loss tool	k place:			
Room # or location in building:				
Specify product type(s):				
	y Classic Chips, Knotts Berry Farm Cookies, Spiral #E3, etc.)			
Day and Date of stated loss:				
Time of stated loss:				
Did you call the Vending Services nu	amber on the machine to report a repair? Yes No			
Please provide a brief description of t refund request:	the specific problem with the machine and the reason for this			

Refund amount requested: ____

Coke Product: (Please indicate the appropriate item(s))

Item	Canned Soda	Canned Juice or Drinks	20 oz Soda	20 oz Minute Maid	20 oz Nestea	20 oz Bottled Water	
Amount Lost	\$	\$	\$	\$	\$	\$	
Requestor's Signature: Date:							
Cashier:				Date:	Date:		
Vending Services Approval:				Date:			

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Canteen

SNACKS, COFFEE, AND COLD VEND Vending Refund Request Form

All refund requests are subject to review at the discretion of the Department of Business Services (Please see Vending Refund Policy on the reverse side)

	Name of person	requesting	refund:		
StudentStaffFacultyOther:	Identification #:				
If Staff or Faculty, please provide dept. name & mail code:	(UH ID#, Driver's License#, etc.)				
If Staff or Faculty, please provide dept. name & mail code:	Student	_ Staff	Faculty	Other:	
Daytime Phone: Work Phone: Cell Phone: Pager: (Provide area code with number if it is not a UH number) Email: Building name where stated loss took place: Room # or location in building: Specify product type and Product Line of the machine: (i.e. Dasani Water in Coke Machine, etc.) Provide the machine #: (if not numbered and there are multiple machines in the location, indicate 2 nd from left or other directions as needed) Day and Date of stated loss: Time of stated loss: Did you call the Vending Services number on the machine to report a repair? Yes No Please provide a brief description of the specific problem with the machine and the reason for this				(Company/Affiliation to UH)	
Cell Phone: Pager: (Provide area code with number if it is not a UH number) Email: Building name where stated loss took place: Building name where stated loss took place: Room # or location in building: Specify product type and Product Line of the machine: (i.e. Dasani Water in Coke Machine, etc.) Provide the machine #: (if not numbered and there are multiple machines in the location, indicate 2 nd from left or other directions as needed) Day and Date of stated loss: Time of stated loss: Did you call the Vending Services number on the machine to report a repair? Yes No Please provide a brief description of the specific problem with the machine and the reason for this	If Staff or Facul	ty, please p	rovide dept. nan	ne & mail code:	
(Provide area code with number if it is not a UH number) Email: Building name where stated loss took place: Room # or location in building: Specify product type and Product Line of the machine: (i.e. Dasani Water in Coke Machine, etc.) Provide the machine #: (if not numbered and there are multiple machines in the location, indicate 2 nd from left or other directions as needed) Day and Date of stated loss: Time of stated loss: Did you call the Vending Services number on the machine to report a repair?YesNo Please provide a brief description of the specific problem with the machine and the reason for this	Daytime Phone:			Work Phone:	
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Building name where stated loss took place:		(Pro	vide area code w	vith number if it is not a UH number)	
Room # or location in building:	Email:				
Specify product type and Product Line of the machine:	Building name	where stated	l loss took place		
(i.e. Dasani Water in Coke Machine, etc.) Provide the machine #:	Room # or locat	ion in build	ing:		
(i.e. Dasani Water in Coke Machine, etc.) Provide the machine #:	Specify product	type and Pr	roduct Line of th	ne machine:	
Day and Date of stated loss:				(i.e. Dasani Water in Coke Machine, etc.)	
Day and Date of stated loss:	Provide the mad	chine #:			
Time of stated loss: Did you call the Vending Services number on the machine to report a repair? Yes No Please provide a brief description of the specific problem with the machine and the reason for this	(if not numbered an	id there are mi	ultiple machines in t	the location, indicate 2 nd from left or other directions as needed)	
Did you call the Vending Services number on the machine to report a repair? Yes No Please provide a brief description of the specific problem with the machine and the reason for this	Day and Date of	f stated loss	:		
Please provide a brief description of the specific problem with the machine and the reason for this	Time of stated le	oss:			
	Did you call the	Vending Se	ervices number	on the machine to report a repair? Yes No	
-	-			-	

Refund amount requested: ____

Coke Product: (Please indicate the appropriate item(s))

Item	Candy	Gums & Mints	Pastry	Snacks	Hot Beverage	Cold Vend	
Amount Lost	\$	\$	\$	\$	\$	\$	
Requestor's Signature:					Date:		
Cashier:				Date:	Date:		
Vending Services Approval:				Date:	Date:		

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