

## 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.

Signature of Refund Requestor: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

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

**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     Staff     Faculty     Other: \_\_\_\_\_  
(Company/Affiliation to UH)

If Staff or Faculty, please provide dept. 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 took place: \_\_\_\_\_

Room # or location in building: \_\_\_\_\_

Specify product type(s): \_\_\_\_\_  
(i.e. Ice Cream Sandwich, Fudge Bar, etc.)

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 refund request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Refund amount requested: \_\_\_\_\_

Lone Star Ice Cream Product: (Please indicate the appropriate item(s))

Item	Frozen Bars	Sandwiches	Cups
Amount Lost	\$ _____	\$ _____	\$ _____

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cashier: \_\_\_\_\_ Date: \_\_\_\_\_

Vending Services Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Modification of this Form requires approval of OGC**

## 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     Faculty     Other: \_\_\_\_\_  
(Company/Affiliation to UH)

If Staff or Faculty, please provide dept. 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 took place: \_\_\_\_\_

Room # or location in building: \_\_\_\_\_

Specify product type(s): \_\_\_\_\_  
(i.e. Frito Lay 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 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 refund request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

Vending Services Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Modification of this Form requires approval of OGC**

### 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: \_\_\_\_\_

Identification #: \_\_\_\_\_  
(UH ID#, Driver's License#, etc.)

Student     Staff     Faculty     Other: \_\_\_\_\_  
(Company/Affiliation to UH)

If Staff or Faculty, please provide dept. 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 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<sup>nd</sup> 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 refund request: \_\_\_\_\_

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: \_\_\_\_\_

Vending Services Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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