

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

I hereby certify that I am the original purchaser of the below described ticket(s). Application for refund is made with the full knowledge that it would be a violation of law for me to obtain a refund on the whole or any part of the ticket(s) on which passage has been obtained whether or not the ticket(s) has (have) been validated to indicate use.

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 / /

C. ETIX INFORMATION

ETIX ACCOUNT ID _____ ETIX EMAIL ADDRESS _____

D. TICKET INFORMATION

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			

E. PURCHASE INFORMATION (Claim Only)

PURCHASED FROM
 TICKET SELLER _____ GIVE NAME, DESCRIPTION, WINDOW NUMBER OR LOCATION _____ at _____ STATION NAME _____
 TICKET VENDING MACHINE # _____ at _____ STATION NAME _____ ON-BOARD CONDUCTOR

PAYMENT TYPE
 CASH CHECK TRANSITCHEK EVIDENCE OF PURCHASE? YES (Please attach) NO
 CREDIT* * Please fill in the first six and last four digits of your credit card number - _____
 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 \$ _____
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

TICKET AGENT'S STAMP HERE
TIME: _____