



The
UNIVERSITY
of **VERMONT**

Request for Refund

Date: _____

Type of Machine: Soda/Water Snack/Food

Location of Machine: _____

Amount Lost: _____

Name (please print): _____

Signature: _____

Address to send refund: _____

Send this request via campus mail to: UVM Procurement Services
19 Roosevelt Hwy, Suite 120
Colchester
Attn: Vending Refund