

## **Refund Receipt Form**

Customer Information (Please print)	
First Name:	Last Name:
Address:	
City:	State: Zip:
Phone:	
Customer Signature:	

# Form submitted without Original Refund Receipt and all mandatory information above will not be processed.

#### Please mail completed form and Original Refund Receipt to:

San Diego Metropolitan Transit System Attnention: MTS Accounts Payable 1255 Imperial Avenue, Suite 1000 San Diego, CA 92101

## If you prefer a cash refund, bring your receipt to the Transit Store. *Cash refunds cannot exceed \$75.00.*

12th & Imperial Transit Center 1255 Imperial Avenue San Diego, CA 92101 Monday - Friday 8 a.m. to 5 p.m.

### IF YOU DO NOT HAVE A REFUND RECEIPT, PLEASE CALL (619) 595-5636

Office use only

TVM Number & Date

Date Refunded

**Employee Signature**