

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

Date Refunded

Employee Signature

TVM Number & Date