

Jefferson Partners L.P. DBA Jefferson Lines
9184 265th St Ste # 5
Clear Lake , IA 50428

R E F U N D R E Q U E S T

CUSTOMER/AGENT PLEASE FILL IN SHADED AREA IN TOP SECTION ONLY

Name			
Address			
City and State		Phone #	
Zip			
Ticket	Origin	Destination	Amount
Ticket (OW/RT) circle one			
Ticket (OW/RT) circle one			
Ticket (OW/RT) circle one			
		TICKET TOTAL	
REASON FOR REFUND REQUEST			
Date of request			
		CUSTOMER SIGNATURE	
Date of request			
		AGENT SIGNATURE	

OFFICE USE ONLY . PLEASE FILL IN SHADED AREAS IN THIS SECTION

Ticket	Origin	Destination	Amount	Computation	
Ticket (OW/RT) circle one				Total Fare	-
Ticket (OW/RT) circle one				Total Fare	-
Ticket (OW/RT) circle one				Total Fare	-
Cash advance / PTO Fee				Less Cash Adv/PTO fee	-
Portion used				Less portion used	-
City issued at				Sub Total	-
			Less penalty %		-
				Refund total	\$0.00

Vendor No:		Accounting Period		Type of payment (check one)	Check	Credit Card
		Due Date:				
	Date Ticket issued	Ticket #/claim	Type	General Ledger Acct #	Amount	
			Type 1 and 2 (refundable and customer service/complaint)	30103-10		
			Type 3 (Gas/Hotel etc reimbursement)	80600-10		
TOTAL AMOUNT OF PAYMENT REQUESTED						\$ -

Reason for refund			
Requested By	Date:	Approval Dept. Mgr.	Date: