

ITCS PRINTING ACCOUNT REBATE REQUEST FORM

Uniqname _____ Name _____ Today's date _____

Email address _____ Phone _____

NOTE: Rebate requests require the signature of a staff member at the location where the printing took place.

Staff member signature _____ Staff member uniqname _____

Date pages printed _____ Time pages printed _____ Number of pages _____

Location where pages printed _____ check box for core journals

Reason for rebate request: _____

Additional Rebate Request:

NOTE: Rebate requests require the signature of a staff member at the location where the printing took place.

Staff member signature _____ Staff member uniqname _____

Date pages printed _____ Time pages printed _____ Number of pages _____

Location where pages printed _____ check box for core journals

Reason for rebate request: _____

Submit this form to the ITCS Accounts Office located inside the UM Computer Showcase on the ground floor of the Michigan Union.