

Student Housing & Hospitality Services

SHHS Main Office, Marine Drive Building 6
2205 Lower Mall, Vancouver, BC V6T 1Z4
Tel: 604.822.2811



UBC FOOD SERVICES
An Essential Ingredient

Request for Refund of Remaining 16W FLEX Dollars

Please print clearly using BLOCK letters

Last Name _____ First Name _____

Student Number _____

Phone Number _____

Email Address _____

TERMS AND AGREEMENT

1. All requests for refunds must be received by **May 8, 2017**. All requests received after May 8, 2017 will be declined and all outstanding balances will be transferred to a UBCcard Plan.
2. The refund will be calculated as the ending flex dollar balance, less the refund fee (\$25.00).

I, the undersigned, have read, understand and agree to the UBC Food Services Request for Refund of Remaining Flex Dollars Terms and Agreement stated above. I request Food Services Meal Plan Office to refund any remaining Flex Dollars. I understand this refund is subject to a \$25.00 administrative refund fee. If my remaining balance is \$25.00 or below, I will not receive a refund.

Student's Signature _____

Date _____

Refund the eligible Flex Dollars to:

Credit Card # _____ Exp. Date _____

Or

Mailing Address:

Street _____

City _____ Province/State _____

Country _____ Postal Code _____

Return form via fax to:
604.822.6935

Return form in person or mail to:
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