

**School of Health Professions
Vending Machine Refund Form**

Requestor's Name: _____ Date: _____

Requestor's Email: _____

Bldg. & Floor where machine is located: _____

Choose One

Reason for Loss of Money or Problem with Machine

Amount of Money Lost: _____

MAIL, EMAIL OR FAX THIS FORM TO:

THE MOODY MEDICAL LIBRARY
301 UNIVERSITY BLVD., ROUTE 0936
GALVESTON, TEXAS 77055-0936
ATTN: BRUNO CRISTELLI
Email: bcristel@utmb.edu
Phone: 409-772-1939
Fax: 409-772-3440