

Lehigh University Fraternity and Sorority Student Damage Chargeback Form

Chapter (please write out)

Person Submitting this Form

Date

Date of Occurrence

Location of Occurrence

Work Order Number

Description of Damage

Individual(s) to be charged

Name

Student ID

Fraternity/Sorority

Amt to be billed

Required Signatures for Chargeback Approval

I believe the aforementioned individuals are responsible for the damage(s) listed above. (If the individual(s) being charged is from another chapter than the chapter submitting this chargeback form, this form must be signed by the Chapter Treasurer and House Manager of the chapter of the individual being charged.)

Name

Signature

Chapter Treasurer

Chapter House Manager

Signatures Stating Acknowledgement of Charges

I am acknowledging that my chapter is holding me responsible for the damage(s) stated above. I can choose to accept these charges or appeal them by submitting a Damage Appeal Form to Residential Services by the deadline provided by Residential Services to the House Manager.

Name

Signature

Individual(s) Being Charged