

**UCSB COMMUNICATIONS SERVICES  
REQUEST FOR BILLING ADJUSTMENT**

This is a request for (check one):

- Immediate Refund.
- Telephone Billing Summary Adjustment.
- Work Order Adjustment.
- Trouble Ticket Adjustment.

Date: \_\_\_\_\_

Name of Requester: \_\_\_\_\_

Department: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please describe the charges, and explain why you are requesting a refund. Be sure to specify the amount. Attach a copy of the billing summary, if relevant, and highlight the applicable charges.

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**Customer Service Use Only:**

Refund Amount: \_\_\_\_\_

University Account Number: \_\_\_\_\_

Ledger Month: \_\_\_\_\_

By: \_\_\_\_\_

Approvals as required by CS Policy 6.2.2: \_\_\_\_\_

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