

HEREFORDSHIRE LIBRARIES & INFORMATION SERVICE

REQUEST FOR REFUND OF PAYMENT FOR LOST STOCK
SUBSEQUENTLY FOUND

NAME OF LIBRARY:

BORROWER DETAILS

Full Name:

Borrower number:

Make cheque payable to:

Address:

.....

Postcode:

Signature:

ITEM DETAILS

Author:

Title:

Format: Book/Cassettes/Compact Disc (delete as appropriate)

Barcode:

REFUND DETAILS

Amount to be refunded (please deduct administration charge of £1 per item)

£..... Staff initials: Date:

(NB Please attach original receipt to this form. **Refunds cannot be made unless the original receipt is attached.**)

Please send this form to Caroline Hawkins (for libraries in Hereford Group, Ross and Ledbury), or Shirley Hill (for libraries in Leominster Group).