



Long Island Rail Road

Ticket Machine Claim Form

CUSTOMER INFORMATION (Please Submit Clearly, Fill in ALL information)									
Customer Name:		Date of Purchase:							
Address:		Ticket Machine Number:	Time: AM PM						
City:	State:	Zip Code:	Station Origin:						
Email:		Station Destination:							
Customer Signature:		Date:							
TICKET INFORMATION									
Transaction Number:		Overcharged: Yes No							
Number of Tickets Ordered:		Cash Purchase							
Number of Tickets Received:		Amount Inserted: _____							
Ticket Type: Peak Monthly		Change Received: _____							
Off Peak / Military Weekly		Amount Claimed: <input type="text"/>							
Family 10 Trip - Peak		Credit/Debit Card Purchase							
Child 10 Trip - Off Peak		<table border="0"> <tr> <td>Visa</td> <td>MasterCard</td> <td>Debit Card</td> </tr> <tr> <td>AMEX</td> <td>Discover</td> <td>Other</td> </tr> </table>		Visa	MasterCard	Debit Card	AMEX	Discover	Other
Visa	MasterCard	Debit Card							
AMEX	Discover	Other							
SR / Disabled / Medicare Special Event		First six and last four digits only of Card number used							
MetroCard MetroCard Value		XXXXXX							
Trip: One Way Round Trip		Amount Claimed: <input type="text"/>							
Additional Information:									
Prepared By:			Date:						
DO NOT WRITE BELOW THIS LINE -- OFFICE USE ONLY									
Last Service Date:		In Balance:	TVM Over: TVM Short:						
Remarks:									
CIRCLE ANSWER: Sale Verified Y / N Error Found Y / N Charge Confirmed Y / N Ticket Jam Y / N									
Pay Claim:	Yes	Amount	Cr Db Cash Deny						
Approval:			Date:						
For Additional Information or Questions After Submitting Your Claim									
Phone:		1-877-LIRR-TSM							
Mail correspondence to:		Long Island Rail Road							
All claims will be processed back to their original form of payment		Stations Department - Ticket Selling & Technology - HSF #3159							
		Jamaica Station, Jamaica, NY 11435							