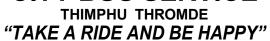


**Customer Information** 

Full Name



## **CITY BUS SERVICE**





## REFUND FORM OF EXCESS PAYMENT FOR SCAN & PAY

Contact Number	:
Citizen Identity Card	Number :
Date	:
Refund Request Deta	ails
Reason for refund	;
Actual Amount	:
Refund Amount	:
Bus No	:
Travel Date	:
<b>Documents Required</b>	l
Bus Number	
Bus Ticket	
Journal No.	
	rmation provided above is true and accurate to the best of my knowledge and I understand rading information may result in penalties, legal action or cancellation of refund.
Signature:	Date:
For Office Use Only	
Processed by	:
Refund Amount	:
Approved By :	
Signature :	
**	
Signature :	
Signature : Name :	Building No. 314. Zamtok Lam SE. CHANG ZAMTOK, THIMPHU, BHUTAN