



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

# MANUAL REDEMPTION PAYMENT - REIMBURSEMENT FORM

Questions please contact Accounts Payable: EMAIL: [HollywoodMovieMoneyTheaterPayments@Fandango.com](mailto:HollywoodMovieMoneyTheaterPayments@Fandango.com) PHONE: 866.640.0676 FAX: 775.833.0909

	CERTIFICATE CARD NUMBER <small>(LAST 4 NUMBERS)</small>	PATRON'S LAST NAME	LOCATOR CODE	YOUR ADMISSION PRICE CHARGED <small>(UP TO CERTIFICATE MAX VALUE)</small>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
			<b>TOTAL:</b>	

**FOR PAYMENT EMAIL COMPLETED FORM TO: [HollywoodMovieMoneyTheaterPayments@Fandango.com](mailto:HollywoodMovieMoneyTheaterPayments@Fandango.com)**

**PAYMENT INFORMATION:** All reimbursement checks will be issued by NBCUniversal, paid on behalf of Fandango Loyalty Systems

Theater / Chain Name:	
Contact Person:	
Contact Person Phone:	
Contact Person Email:	
Check Payable To, THEATER / CHAIN NAME:	
Address to mail payment to via USPS:	
<i>[Internal Use] Vendor ID:</i>	

PLEASE DO NOT SEND BACK THE ORIGINAL CERTIFICATES. PLEASE FAX BACK WITHIN ONE WEEK OF THE EXPIRY DATE PRINTED ON THE CERTIFICATE, THANK YOU!