



Accounting Services Department

Request for Refund

Please complete the information below; payment will be made to Requestor.

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

Requestor: \_\_\_\_\_ Customer ID: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Items/Programs being Refunded: \_\_\_\_\_

Reason for Refund:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....

OFFICE USE ONLY

Original Receipt #: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

Receipt Amount \$ \_\_\_\_\_ (Attach ORIGINAL Receipt to this Form)

Less 5% \$ \_\_\_\_\_ if applicable (for credit card payment)

Net Amount \$ \_\_\_\_\_

Site/Location: \_\_\_\_\_ Location Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Budget Code: \_\_\_\_ - \_\_\_\_ -0- \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(budget code where payment was deposited)

\_\_\_\_\_  
Requestor Signature Bookstore, if applicable Administrator Signature

Send COMPLETED Form and ORIGINAL Receipt to Accounting Services, Box 802A