

Student Financial Services 1500 University Center A Tallahassee, FL 32306-2394 Ph: (850) 644-9452 Fax: (850) 644-5142

Procedure: Completing a Departmental Refund Request Form

Overview: The Departmental Refund Request Form is to be used by University departments who wish to refund vendors or students for amounts paid. The form contains four options for refunds, funds can be deposited to the FSU Card, back to the credit card that they were paid from, by mailed check, or by check to be picked up in the office by a departmental representative. Please allow up to three days for refund processing.

I. Locating the Form

- a. The form can be found on the Student Financial Services departmental website <u>www.controller.vpfa.fsu.edu/controller-forms</u>, under the Student Financial Services section.
- b. The form will open in an editable PDF format, which will allow users to enter information electronically before printing.

II. Completing the Form

- a. Begin by choosing an option from the "Choose One" drop-down box on the right-hand side of the form. If the refund is to a student, select "Student", if to a vendor, select "Vendor" or if to neither, select "Other".
- b. Next, type the name and mailing address of the person receiving a refund into the "Client Information" box in the upper left-hand corner of the screen.
- c. If the refund is going towards a student or an employee, enter the FSUSN of the individual into the "SS#" box. If the refund is going to a vendor, enter the vendor's ID in the "Vendor ID" box.
- d. If you do not have any identifying numbers for the individual or vendor, type "Assign" in the ID field so that we may assign a false identification number to the account.
- e. If the refund is to be sent to an FSU Card or Credit Card, type the card number and expiration date into the appropriate box.
- f. In the "initiated by" field, type the name of the individual who is filling out the form.
- g. In the "phone #" field, type the phone number of the person who is filling out the form.
- h. In the "description" field, enter a description of the refund, as well as any notes about have the check picked up in the office by a departmental representative. Make sure to include and name and telephone number of the representative that the check will be held for.
- i. On the "department id number", "fund", "account", and "amount" fields, enter the appriate information.

*Important*Every refund MUST have a department, fund, and account number*Important*

- j. The total for all refund entries will be automatically calculated in the "Total Amt" field.
- k. A supervisor must sign the "Authorized Signature" line and print their name in the "Print Name" field.

III. Submitting the Form

- a. The form may be faxed to (850)644-5142.
- b. The form may be mailed to: Student Financial Services Florida State University University Center A, Room A1500 Tallahassee, FL 32306-2394
- c. The refund may also be emailed to gpage@admin.fsu.edu in PDF format.



Departmental Refund Form

				Choose O	ne:	
				SFS U	Jse Only: Refere	nce Number
FSUSN / Ve	endor ID #:					
Please choo	ose a method of refun	d:				
0	Credit Card*	Card #:			Exp. Date:	
0	FSU Card	Card #:]	
0	Check (default option	a check will be	mailed to the address l	isted above)	1	
Reason for		i, a check will be	maned to the address r	isted above.)		
1						
Seq #	ormation: Department Number		Fund Code	Account N	umber	Amount
Seq #			Fund Code	Account N	umber	Amount
Seq # 001 002			Fund Code	Account N	umber	Amount
Seq # 001 002 003			Fund Code	Account N	umber	Amount
Seq # 001 002 003 004 004			Fund Code	Account N	umber	Amount
Refund Info Seq # 001 002 003 004 005			Fund Code		umber	Amount
Seq # 001 002 003 004 005	Department Number		Fund Code	Tot		Amount
Seq # 001 002 003 004 005 Refund Initia	Department Number			Tot er:		Amount
Seq # 001 002 003 004	Department Number		Phone Numb Phone Numb *Credit Care	Tot er:	tal Amount:	Amount
Seq # 001 002 003 004 005 Refund Initia Supervisor:	Department Number		Phone Numb Phone Numb *Credit Care	Tot er: er: d payments more	tal Amount:	

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