



Departmental Refund Request Form

The purpose of the form is for departments to refund vendors or individuals for non-tuition payments received. Please allow up to three days for refund processing.

Department Requesting This Refund			
Department Name:		Contact:	
Phone #:		Email:	
Date Requested:		Date Required:	

Special Handling Request		
<i>*If this is the first check the individual is picking up, please make sure he/she brings a Picture ID for identification purposes.</i>		
<input type="checkbox"/> Hold check for Department pickup?	To be picked up by:	Phone #:

Refund Name & Address			
Name:			
Remit Address:	Street/PO Box:	Suite:	
	City:	State:	Zip Code:

Distribution Information							
Invoice #							
<i>Please assign an invoice number (must begin with 'DR-') that is helpful to your department.</i>							
	Dept.	Fund	Project	Account Code	Chartfield 1*	Chartfield 2*	Chartfield 3*
	Total Amt	*Optional					

Comments/ Justification For The Refund	
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Refund Approval		
Department Head/Budget Manager	Signature	Date

To be completed by Disbursement Services			
Unit Code:		Processed By:	
Voucher #:		Date Processed:	