

Departmental Refund Request Form

The purpose of the form is for departments to provide refunds for non-tuition payments received by cash and check as payment method. Credit Card Payments should generally be returned to the method of payment in which it was originally received by Florida State University. Please allow up to three days for refund processing.

Method of Payment Originally Received from the Customer: Cash/Check Credit Card

Department Requesting This Refund													
Department Na	ime:	me:				Cont	act:						
Phone #:	Γ					Ema	il:						
Date Requested:					Date Required:								
Special Handling Request *If this is the first check the individual is picking up, please make sure he/she brings a Picture ID for identification purposes.													
					o be picked up by:				Phone #:				
Refund Name & Address													
Name:													
Remit Address:		Street/PO Box:								Suite:			
		City:				State: Z			Zip Code:				
Distribution Information													
Invoice # Please assign an invoice number (must begin with 'DR-') that is helpful to your department.													
	De	pt.	Fund Project		ct Accoun Code	t C	Chartfield 1*		Chartfield 2*			Chartfield 3*	
	Total Amt			*Optional									
Comments/ Justification For The Refund													
Refund Approval													
Department Hea	iger	Signature						Date					
To be completed by Disbursement Services													
Unit Code: Processed By:													
Voucher #: Date Processed:													