

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 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 they bring 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:	