



REFUND REQUEST

Name
and
Address

Purpose: This form is used to request payment by check of all refunds indicated by Policy FN08 except tuition refunds and refunds covered by other University policies.

Instructions: This form must be completed and attached to a Non-PO Invoice for further processing.

Reason for Request:

Dept Reference #	Business Area #	Cost Object Type*	Cost Object #	Cost Object Name	Amount

*if completing this form by hand, please indicate the Cost Object type in space below the drop-down list.

TOTAL _____

On behalf of the Business Area indicated below, I request that a refund be issued as noted.

Name _____ Signature _____ Date _____

Title _____ Business Area _____

If payable by
check, check is
to be:

Mailed

Held