



# REVENUE REFUND AUTHORIZATION FORM

PAYEE NAME: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_  
(PLEASE PRINT or TYPE)

STUDENT NAME: \_\_\_\_\_ STUDENT  
(PLEASE PRINT or TYPE) NUMBER: \_\_\_\_\_

ACCOUNT CODE  
(BUDGET) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

REASON FOR REFUND  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORIGINAL RECEIPT # \_\_\_\_\_ ☐ Cash ☐ Check ☐ Credit Card

POS-REFUND RECEIPT # \_\_\_\_\_

PREPARED BY: \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE \_\_\_\_\_

FOR ACCOUNTING USE ONLY

Verification in POS                      Date                      Initials

Deposit Verification                      Date                      Initials