



ASB REVENUE REFUND AUTHORIZATION FORM

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

STUDENT NAME: _____ STUDENT NUMBER: _____
(PLEASE PRINT or TYPE)

ACCOUNT CODE (BUDGET) _____

ADDRESS _____ PHONE: _____

CITY _____ STATE _____ ZIP _____

REASON FOR REFUND _____

ORIGINAL RECEIPT # _____ ☐ Cash ☐ Check ☐ Credit Card

POS-REFUND RECEIPT # _____

AUTHORIZED BY:

ASB Treasurer	Date	Activity Advisor	Date
Student Representative	Date	Primary Advisor	Date

FOR ACCOUNTING USE ONLY

Verification in POS Date _____

Initials _____

Deposit Verification Date _____

Initials _____