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 # _____

PREPARED BY: _____ DATE _____

AUTHORIZED BY: _____ DATE _____

FOR ACCOUNTING USE ONLY

Verification in POS	Date	Initials
Deposit Verification	Date	Initials