



## 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 or ☐ Check

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

AUTHORIZED BY:

ASB Treasurer \_\_\_\_\_ Activity Advisor \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Student Representative \_\_\_\_\_ Primary Advisor \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR ACCOUNTING USE ONLY

Verification in POS Date \_\_\_\_\_ Initials \_\_\_\_\_

Deposit Verification Date \_\_\_\_\_ Initials \_\_\_\_\_