



REFUND REQUEST - ONLINE PAYMENT

DATE OF REQUEST: _____

DEPT NAME: _____

CUSTOMER INFORMATION

NAME: _____

AMOUNT TO BE REFUNDED \$ _____

ITEM NAME: _____

REASON FOR REFUND: _____

PAYEE INFORMATION

NAME OF PAYEE: _____

EMAIL ADDRESS: _____

DATE PAID: _____ **Paid via CC:** _____ **/Echeck:** _____

Support of original electronic payment must be attached for online refunds.

REQUESTOR NAME

DATE

REQUESTOR SIGNATURE

DATE

AUTHORIZED SIGNER NAME

DATE

AUTHORIZED SIGNER SIGNATURE

DATE