



Refund Request Form

Campus/Department \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

Student's Name \_\_\_\_\_

Student's ID # \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

List the parent's name if the check should be made payable to the parent. If the parent name is left blank, the check will be made payable to the student.

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Receipt Number: \_\_\_\_\_

A copy of the receipt must be attached. Original receipt preferred.

Explanation of Refund:

Account Code: \_\_\_\_\_

Fund 461: Revenue & Expense or Fund 865: Liability Account Only

Requester's Signature:  
(Parent or other patron) \_\_\_\_\_

Principal's Signature:  
(or other budget manager) \_\_\_\_\_

Accounting Manager's  
Signature: \_\_\_\_\_