

USBS: Please issue a refund to the individual indicated as outlined below:

NAME	_____	AMOUNT	\$	_____
ADDRESS	_____	VENDOR NO. /UID		_____
	_____	PHONE		_____
PAYMENT DATE	_____	RECEIPT NO		_____
ACCOUNT INFORMATION	_____			_____
	FUND	ORGN	ACCT	PROG
				ACTV
				LOCN

Refund Description: _____

DEPARTMENT/ACTIVITY

REQUESTED BY

DATE

APPROVED BY DEPARTMENT HEAD

DATE

CHECK REQUEST

ACCOUNTING OFFICE: Please issue a check payable to the above named individual and mail to the address as indicated.

ACCOUNT	_____	_____	_____	_____	_____	_____	_____
	FUND	ORGN	ACCT	PROG	ACTV		AMOUNT

DEDUCTIONS:

_____	_____	_____	_____	_____	_____	(_____)
DETAIL CODE	FUND	ORGN	ACCT	PROG	ACTV		AMOUNT	
_____	_____	_____	_____	_____	_____	(_____)
DETAIL CODE	FUND	ORGN	ACCT	PROG	ACTV		AMOUNT	
_____	_____	_____	_____	_____	_____	(_____)
DETAIL CODE	FUND	ORGN	ACCT	PROG	ACTV		AMOUNT	

AMOUNT OF CHECK

\$

REQUESTED BY

APPROVED BY

DATE