**UNIVERSITY OF WEST FLORIDA**
**UNIVERSITY FINANCIAL SERVICES OFFICE**
**REQUEST FOR REVENUE REFUND**

**MAKE REFUND PAYABLE TO : UWF NO:** _____ **RECEIPT NO:** _____ **LINE ITEM** _____

**Name** _____ **THIS PAYEE IS A:**

- ☐ **STUDENT**
- ☐ **EMPLOYEE**
- ☐ **OTHER (SPECIFY)** _____

**Mailing Address** _____

**Department Must Complete Boxes 4,5 and 6**

| DOCUMENT NO<br>1 | ACRC<br>2 | Approval Code<br>3 | Department Code<br>4 | Object Code<br>5 | AMOUNT OF REFUND<br>6 |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

**DEPARTMENT INITIATION REFUND** _____ **CAMPUS EXT** _____

**REASON FOR REFUND** _____

CERTIFICATION: I CERTIFY THAT THIS IS A PROPER AND VALID REFUND, AND ALL INFORMATION IS FACTUAL AND ACCURATE.

**SIGNATURE, INITIATOR** _____ **DATE** _____

**APPROVED FOR DEPARTMENT BY** _____ **DATE** _____

**FINANCIAL SERVICES OFFICE USE ONLY**

**APPROVED FOR FINANCIAL SERVICES OFFICE BY** _____ **DATE** _____

**COMMENTS:** _____