

UNIVERSITY OF WEST FLORIDA REQUEST FOR REVENUE REFUND

GIVE CHECK TO CASHIERS

CASHIERS USE ONLY

REFUND SENT TO:

Check

Credit Card

Bank Mobile

Pay Outstanding AR

Vendor/Payee Information:

UWF STUDENT UWF EMPLOYEE INDIVIDUAL

Banner/UWF ID# _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

UWF Requester:

Name: _____ Campus Ext: _____

Department: _____ UWF E-mail: _____

DEPARTMENT MUST COMPLETE BOXES 1-4

BANNER INDEX NUMBER	BANNER ACCOUNT CODE	DETAIL CODE	AMOUNT OF REFUND	CASHIER USE ONLY
				USER ID:
				SESSION#
TOTAL AMOUNT OF REFUND REQUEST				

If payment was not receipted in Cashier's Office, please attach proof of payment.

Reason for refund: _____

I certify that this is a proper and valid refund and all information is factual and accurate.

Signature of Requester: _____ Date: _____

Approved for Department by: _____ Date: _____

Print Name: _____ EXT: _____

Cashiers' Office Use Only

Cashier Date Stamp

Approved by: _____

Comment: _____
