

**Refund Request
USBS**

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