

JACKSONVILLE STATE UNIVERSITY
REQUEST FOR REFUND

Date _____

Vendor Number* _____

Payee Name _____

Street Address _____

City, State, Zip Code _____

Amount _____

Receipt Date _____

Receipt Number* _____

Payment Type: Check/Cash _____

Credit Card _____

Card Number _____

Expiration Date _____

Revenue Account Number _____

Reason for refund _____

APPROVAL:

Budget Manager

Telephone Number

Controller

*Not Required for credit card refunds