

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.