



Send to: Accounts Payable
 MSN: 3C1
 Tel: (703) 993-2580

Revenue Refund

Optional Tracking Number RR _____

Invoice Number (internal use only)

This form is used to return money previously collected from individuals or organizations. Revenue refunds can be processed only as offsets to revenue account codes. The fund or org and revenue account code must be the same as those used in recording the initial deposit.

<p>Make Check Payable To: Name: _____ Address: _____ _____ _____ _____ _____ _____ _____ _____ _____</p> <p>FIN: _____ (University employee or student enter G number)</p> <p>Date Submitted: _____ Date Required: _____</p>	<p>Requesting Department/Organization: Dept. Name: _____ Contact Person: _____ MSN: _____ Tel: _____ Charge to: _____</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">Fund or Org</td> <td style="width:33%; border-bottom: 1px solid black;">Account</td> <td style="width:33%; text-align: right;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Fund or Org</td> <td style="border-bottom: 1px solid black;">Account</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Fund or Org</td> <td style="border-bottom: 1px solid black;">Account</td> <td style="text-align: right;">\$</td> </tr> </table>	Fund or Org	Account	\$	Fund or Org	Account	\$	Fund or Org	Account	\$
Fund or Org	Account	\$								
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Description	Amount
Provide a brief explanation of the revenue refund request. Cite the policy that authorizes this refund, if applicable.	

Supporting Documentation (If supporting documentation is not available, explain in "Description" section.)

Copy of the original, validated cash receipt attached.

Printout of Banner Self Service query or Standard Report confirming original deposit attached.

Other (specify): _____

Approval: I certify that this revenue refund is appropriate for payment and has not been previously paid.

1. Signature of person initiating revenue refund	Print name	Title	Date
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2. Signature of approving official for fund or org	Print name	Title	Date
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