

REVENUE REFUND AUTHORIZATION

Payee Name:				Amount:		
Student's Name:			Student No.			
General Fund Account Code (Budget)						
	ASB Acco	ount Code (Budget)				
Address				Phone:	-	-
City				State	Zip	
Reason for Refund:						
Original Receipt No.			☐ Cash	☐ Check	Credit Card	
Prepared E	Зу		Date			
Tech Approval for Refund of Tech Fines/Fees			Date			
<u> </u>			Date			
Administrator Approval						

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