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# REVENUE REFUND AUTHORIZATION

Payee Name:  Amount:

Student's Name:  Student No.

General Fund Account Code (Budget)

ASB Account Code (Budget)

Address  Phone:

City  State  Zip

Reason for Refund:

Original Receipt No.   Cash  Check

POS Refund Receipt No.

RevTrack Order No.  (Attach order from on-line)

Prepared By \_\_\_\_\_ Date

Authorized By \_\_\_\_\_ Date