

Request for Refund

Date: _____

Name _____

ID# _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Email Address _____

Reason for request: _____

Signature: _____

Permit # _____

.....

For Police Department Use:

_____ **Refund Amount**

Approved Denied

Chief's signature: _____

Emailed Accounting Date: _____

Budget Code: 51600- _____

Completed by: _____ Date: _____

Check Request Form

OFFICE OF THE CONTROLLER UNT SYSTEM™

All purchases should be made using a Purchasing Card of the ePro requisition. This form is ONLY for refunds and accounting transactions.

Choose a reason and complete the requested information below

- DL773 HS763 Refund (Note: this is not a reimbursement, this is for non-employees)
- NT752 SY769 Accounting Transaction
- Reduction of Revenue

Pay to (Name)

Mailing Address

City

State

Zip Code

Prepared by

Department

Contact Number

Date of Request

To pick up check indicate name/number to call when ready

Amount\$

GL Account (5 digits)

Dept

Fund Cat (3 digits)

Function (3 digits)

PC Bus Unit**
(5 characters)

Project**
(6 characters)

Activity**
(3 digits)

Fund (6 digits)

Program (4 digits)

Purpose (5 digits)

Site

*Required **Also required if a ProjID

Purpose of the Refund, Transaction or Expenditure

Approval Signature (Fund Holder) _____ Date _____