**Date of Refund Request:**

**Request Submitted By:**

**ATTN:**

Sharon Battaglia (PayPal Credit Card Refunds)

Imelda Padilla (Pay Voucher Check/Cash Refunds)

Debbie Babcock (Balance Adjustment)

**Attendee:**

**Payee for Refund:**

**Date of Registration:**

**Payment ID Number:**

**Amount to Refund/Adjust:**

**Type of Credit:**

Balance Due Adjustment

Credit Card Refund

Check Refund | Budget Code:

Cash Refund | Budget Code:

**Reason for Refund:**

Eligible for no-cost registration code

Duplicate payment

Canceled registration

Event was cancelled

Other – Explain:

Authorized By (*Signed by Department Submitting Request)*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| ***For Business Services Use ONLY***  Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Logged in Reg System?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |