



** It is mandatory that you respond to fields in red.*

1. Vendor Code	2. Refund To: (Name and Address)-	3. Reason for Refund (State clearly)*	4. Date Prepared*
			TRANSACTION CODE
			50
5. Special Instructions			6. Requisition #/Student No.
			7. Invoice #
			8. Amount of Refund*

BUDGETS TO BE CHARGED

9. Budget Title	10. Budget #*	11. S/L	12. Account Code*		13. Cost Accounting Only			14. Amount*	15. Liq.
			Class*	Source*	Task	Option	Project		
		L	9						N
		L	9						N
		L	9						N
SALES TAX	00 0148	L	0048	02					N
Total ▶									

DO NOT KEYPUNCH DATA BELOW THIS LINE

16. Additional Information for Campus Department Use Only	17. Original Cash Transmittal	
	Date	Budget #
	Original Amount	Document #

18. Prepared By*				
Department*	Box Number*	Dept. Contact Name*	Dept. Contact Email*	Phone #*
Authorized by (Name)*	Authorized By (Signature)*		Verified By	