

MILLERSVILLE UNIVERSITY REFUND REQUEST FORM

This section must be completed in full by the requesting office

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

REFUND AMOUNT: _____ ORIGINAL PAYMENT TYPE (check one)
CHECK _____ CASH _____ CREDIT _____

DEPOSIT FORM or ORDER CONFIRMATION NUMBER: _____

REASON REQUIRED: _____

Please provide a copy of any backup documentation from the original transaction.

SAP FUND CENTER #: _____ SAP GL ACCT #: _____

DEPARTMENTAL CONTACT INFORMATION REQUIRED:

I certify the above individual/organization has paid the applicable fees for this program and is entitled to the refund amount listed above.

DATE OF REQUEST: _____

AUTHORIZING DEPARTMENT,
STAFF NAME AND PHONE #: _____

(Please print legibly)

SIGNATURE OF
AUTHORIZING STAFF: _____

OFFICE OF STUDENT ACCOUNTS VERIFICATION OF PAYMENT OR ENTITLEMENT:

PAYMENT DATE: _____ OSA STAFF
VERIFICATION: _____