



Refund/Check Request Form

Bayramian Hall Lobby
Phone:(818) 677-8000 Option 1
Fax:(818) 677-4911
Mail Code:8214

REFUND/CHECK REQUEST INFORMATION:

[Important Information Regarding Refunds](#)

Name: _____ CSUN ID #: _____ Semester/Year: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

FOR OFFICE USE ONLY:

Reason for Refund/Check Request: _____

CHARTFIELDS:(Required)

Account: _____ Fund: _____ DeptID: _____ Program: _____ Class: _____ Project: _____ Amount: \$ _____

Account: _____ Fund: _____ DeptID: _____ Program: _____ Class: _____ Project: _____ Amount: \$ _____

Account: _____ Fund: _____ DeptID: _____ Program: _____ Class: _____ Project: _____ Amount: \$ _____

Total Amount: \$ _____

Invoice Number: _____ Date: _____ Description: _____

Payee Pick Up Check In Person: _____ Ext.#: _____ Delivery Method: _____

Requested By: _____ Date: _____ Ext.#: _____

Approved By: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – FOR UCS OFFICE USE ONLY:

Vendor Create: Yes No Vendor Update: Yes No Vendor Approval: _____

Voucher ID #: _____ Voucher Date: _____ Voucher Amount: _____