University of Wisconsin-Stevens Point

Request for Refunds

TO: Payment Services, 041 East, Main

FROM:

Account Number:

Class Code:

(This is the same class code used for the original deposit.)

☐ **Check here if original deposit was subject to sales tax.**

Please issue Refunds to the following:

Name	Address	Amount

Reason for Refunds:

Be specific: Provide name and date of event relevant to refund if applicable.

Account Authorization: _____ Date: _____

Signature

_____

Printed Name

Telephone Number: _____

Submit to Payment Services Office, 041 Main