



Expense Refund Form

Expense Refund Type (Please Check One): Expense Travel Expense Payroll

Date: _____

Depositing Department Name

Department ID

Account (cannot be a budgetary account –see instructions for details)

Fund & Project Code (Project Required for Funds 520-599 & 800-899)

Chartfield
1/2/3 (If any)

Cash	
Check	
Money Order	
Cashier's Check	
Traveler's Check	
Total	\$ _____

For Travel Expense Refunds Only:

Traveler Name: _____
Expense Report #: _____

Traveler ID #: _____
Cash Advance # (if applicable): _____

For Expense and Payroll Refunds Only:

Vendor Name: _____ Vendor ID #: _____ Voucher Date: _____
Voucher # /Cash Advance ID /Employee ID (circle one): _____ Voucher Amount: _____

Print/Type Person Responsible for Refund

Phone Number

Verify:

Account number listed is not a budgetary account

If Fund Code is 520-599 or 800-899, Project Code is Listed Above

Signature of Person Responsible for Refund

Date

FOR STUDENT BUSINESS USE ONLY:

Cashier _____

Date: _____

Account # is not budgetary (Verified against list from instructions)

Verified Project/Fund. If Fund Code is 520-599 or 800-899, Project Code Entered