



## DIVISION OF FINANCE AND ACCOUNTING REFUND REQUEST

DEPARTMENT: \_\_\_\_\_

REQUESTER: \_\_\_\_\_

REQUESTER PHONE #: \_\_\_\_\_

SUPPLIER ID: \_\_\_\_\_

SUPPLIER NAME: \_\_\_\_\_

SUPPLIER ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SUPPLIER PHONE #: \_\_\_\_\_

SUPPLIER EMAIL: \_\_\_\_\_

Cashier Transmittal Receipt # \_\_\_\_\_

Department/ Project Code	Account Code	Fund Code	Amount

TOTAL: \_\_\_\_\_

REASON FOR REFUND: \_\_\_\_\_

DEPT. AUTHORIZATION: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

DEPT. HEAD AUTHORIZATION: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

PRINTED NAME: \_\_\_\_\_

### INSTRUCTIONS

**To search the Departmental Authorization List (DAL), navigate to the following:**

Departmental Authorization > Dept/Project Authorizations. Then, enter the department or project number in the SpeedType Key field and select Search.

**Attach supporting documentation using the examples of source information shown below:**

- A copy of receipt(s), including cash transmittal receipt and itemized receipt that include the method of payment.
- Additional documentation, if necessary, to determine the validity of the refund.

**Additional Information**

*REFUNDS TO STUDENTS NEED TO BE PROCESSED THROUGH STUDENT ACCOUNTS/FINANCIAL AID.*

If the original payment was made by credit card and within one year of the requested refund, the refund must be processed using the original credit card system where the payment was accepted. Any credit card refund request initiated more than one year from the original transaction posting date must be processed by check.

This form is not used for payments to suppliers for goods or services.

**EMAIL COMPLETED FORMS TO [VENDOR@UCF.EDU](mailto:VENDOR@UCF.EDU) OR MAIL TO FINANCE & ACCOUNTING, RP-PVL 300 +0975.**

### F&A USE ONLY

Funds beginning with 21XXX, 51XXX, and 91XXX will be posted to dept. 02500519 and account code 151901.

A weekly JID will be generated to DR the original project and account code and to reverse the refunded clearing department.