



UNIVERSITY OF CENTRAL FLORIDA
CREDIT CARD REFUND REQUEST

Requestor Name: _____

Remittance ID\
Receipt#: _____

Cardholder's
Name: _____

Refund Amount: _____

Refund Date: _____

Reason for
Refund: _____

Department
Authorizer's
Signature: _____ Authorization Date: _____

Form 41-913 (7/08)



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Credit Card Type (Place and X on the appropriate credit card):	
Visa/Master Card	_____
Discover	_____
American Express	_____

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Visa/Master Card	_____
Discover	_____
American Express	_____

Instructions: Form 41-913 (7/08)

If multiple refund transactions are being requested an Excel spreadsheet containing the following column headings may be used.

The following explanation indicates the nature of the information that is expected to be populated in the fields above. Please provide:

Requestor Name: the name of the merchant department personnel authorized to process the refund for the customer/cardholder

Remittance ID/Receipt #: the remittance ID or receipt number issued for the original transaction

Cardholder's Name: name as it appears on the credit card used for original transaction

Refund Amount: dollar amount that is being refunded, not to exceed the original transaction amount

Refund Date: date on which the actual refund is to be processed

Reason for Refund: a concise explanation for the refund (example: item not working properly, duplicate payment, etc.)

Department Authorizer's Signature: the name of the requesting department personnel given the authority to approve refunds by that department's management

Authorization Date: the date the request was authorized

A copy of this form or your excel spreadsheet must be maintained at merchant locations for future reference.