Customer Refund Request Form

Integrated Service Centre
MLT 107
2500 University Drive NW
Calgary, AB
T2N 1N4
arhelp@ucalgary.ca

UNIVERSITY OF CALGARY

SECTION 1	Requestor Info	
Date of Request:	Requested By:	
Phone Number:	E-mail Address:	

SECTION 2	Department Info	
Department Name:	Faculty:	
Budget Owner Name:	Budget Owner E-mail Address:	
Budget Owner Phone Number:	Budget Owner Signature:	

SECTION 3	Customer Info	
Customer Name:	PeopleSoft Customer Number:	

SECTION 4	Payment Info	
PeopleSoft Invoice Number:	Payment Date:	
Cheque/Remittance Number:	Refund Amount:	
Reason for Refund:		

SECTION 5	Special Notes or Instructions

Accounts Receivable Office Use Only	
Date Request Received:	Request Completed By:
Approval Date:	

Updated as of 01-19-2015