



Customer Refund Request Form

Accounts Receivable

2500 University Drive NW
Calgary, AB
T2N 1N4
finance@ucalgary.ca

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:
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SECTION 4 Payment Info

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

SECTION 5 Special Notes or Instructions

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Accounts Receivable Office Use Only

Date Request Received:	Request Completed By:
Approval Date:	