

Please mail to:
Cal Poly, Student Accounts
SLO, CA 93407-0881
Fax: (805) 756-2774

Fiscal Services
Form REF-01, 10/07

CAL POLY STATE UNIVERSITY, SAN LUIS OBISPO

REFUND REQUEST

<u>REASON FOR REQUEST</u>	<u>REFUND AMOUNT</u>
ACCOUNT CREDIT	_____
PARKING PERMIT (Actual permit must be attached)	_____
LIBRARY (FINES, BOOKS)	_____
PHARMACY, CLINIC	_____
OTHER FEES: _____	_____
OTHER: _____	_____
TOTAL REFUND	_____

<u>STUDENT INFORMATION</u>	
SIGNATURE	DATE
PRINT NAME	
STUDENT ID NUMBER	
STREET ADDRESS	
CITY	
STATE - ZIP CODE	
Note: you may have your refund direct deposited only if you have an existing direct deposit arrangement with Student Accounts.	
____ MAIL CHECK TO ADDRESS ABOVE	
OR	
____ DIRECT DEPOSIT	

THE REASON FOR THIS REFUND IS: _____

RECEIPT INFORMATION: _____
REGISTER/RECEIPT NUMBER DATE

DEPARTMENT APPROVAL: _____
SIGNATURE PRINT NAME

ACCOUNTING OFFICE USE ONLY	
P/S CHARTFIELD _____	PROCESSED BY _____
REFUND ITEM TYPE: ___ A/P 000051000000 ___ D/D 000051000050 ___ OTHER _____	
_____ DATE	_____ REFUND ENTERED BY: S/A SIGNATURE

