

FAS ACCOUNT NUMBER				AUTHORIZED AMOUNT (10)	
FUND (6)	ORG (5)	OBJ (4)	DESCRIPTION		

UNIVERSITY OF ALASKA FAIRBANKS  
 BUSINESS OFFICE  
 1<sup>st</sup> Floor Signer's Hall  
 PO Box 757640  
 Fairbanks, AK 99775-7640  
 (907) 474-7551

**REFUND OR  
 AUTHORIZATION  
 REQUEST**

**SPECIAL PROCESSING  
 ("PARENT") CHECK**

**MAKE CHECK PAYABLE TO THE ORDER OF:**

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

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

VENDOR ID NUMBER: \_\_\_\_\_

**METHOD OF CHECK DISTRIBUTION**

\_\_\_ MAIL ..... with ATTACHED

\_\_\_ PICK-UP..... with ATTACHED

DEPT. NAME: \_\_\_\_\_

DEPT. TELEPHONE #: \_\_\_\_\_

**REASON FOR ISSUING THE CHECK**

___ Overpayment on A/R Account	___ Overpayment on Tuition
___ Total Withdrawal Refund	___ Health Insurance Refund
___ Drop Refund	___ Meal Ticket Refund
___ Cancelled Class Refund	___ Apartment / Dorm / Deposit Refund
___ Financial Aid / Scholarship Refund	___ Parking Refund
___ Other - Backup Attached	___ Other _____

**OTHER INFORMATION**

FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOLD UNTIL \_\_\_\_\_ TOTAL AMOUNT OF CHECK \$ \_\_\_\_\_

**APPROVAL SIGNATURES**

REQUESTED BY: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

Signature Date Signature Date