

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

UNIVERSITY OF ALASKA FAIRBANKS
BUSINESS OFFICE
1st 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 INFORMATION

FALL _____ **SPRING** _____ **SUMMER** _____

HOLD UNTIL _____ TOTAL AMOUNT OF CHECK \$ _____

APPROVAL SIGNATURES

REQUESTED BY: _____ APPROVED BY: _____

Signature Date Signature Date