

## **Refund Request Form**

(Form must be completed for processing)

To submit request: Download form, complete in full and send form by email to JagsPark@iu.edu.

			Lustomer Cont	tact Informatio	n			
			Phone #:			Date:		
ess:								
			Zip:		Email Address:			
dent/Employee ID #:					Permit/Citation #:			
Original Payment Method (Circle One):			Check Cash Credit		CC Last 4 Digits:			
			lagtag Pavroll		CC Expiration Date:			
Reason for Refund Request:								
Reason for Refund Request:						gnature.	<u> </u>	
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	-						anation. Thank	you.
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ate Processed:			Account Deposit #:			Notes in Fle	ex: Yes /	No
Flex Activity Attached: Yes / No PTS Employee (processing refund):  Notes:								
		R	efund Approva	al (Managemer	nt)			
			Approved: Yes / No		Approved Credit Amount:			
			Flex Voucher #:		Payroll Report Attached: Yes / No / NA			- - / NA
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		Potund Pr	rocassing (Acc	ounting/Rilling	Specialist)			
		Kerunu 1-1	Ocessing (Acce	Juliung/Dilling	Specialist)			
Verified Paymer			nt Type:		Refund Data	base Update	ed: Yes /	No
de: Refund / Receipt Confirmation #								
ssing):								
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of under accord	isted wit	-h Dormit ar	ad Samilea Ord	or Form follows	- congrato r		'hank voul	
Hunus assoc	lated with	n Permit an	10 Service Orug	er rollii ioliows	a separate p	rocedure. 11	Revised: JD 5/7	7/2025
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