



# Customer Refund Request Form

## Accounts Receivable

2500 University Drive NW  
Calgary, AB  
T2N 1N4  
[finance@ucalgary.ca](mailto: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:	