FAS ACCOUNT NUMBER				AUTHORIZED AMOUNT (10)	OFFICE OF THE BURSAR	
FUND (6)	ORG (5)	OBJ (4)	DESCRIPTION	(10)	PO Box 757640 Fairbanks, AK 99775-7640 (907) 474-7384	
					REFUND OR AUTHORIZATION REQUEST	
ID NUN	/BER				SPECIAL PROCESSING ("PARENT") CHECK	
MAKE CHECK PAYABLE TO THE ORDER OF:					METHOD OF CHECK DISTRIBUTION	
NAME:					MAIL with ATTACHED	
ADDRESS:				PICK-UP with ATTACHED		
					DEPT. NAME:	
VENDOR ID NUMBER:				DEPT. TELEPHONE #:		
			REASON FO	OR ISSUING THE	CHECK	
Overpayment on A/R Account Total Withdrawal Refund Drop Refund Cancelled Class Refund Financial Aid / Scholarship Refund Other - Backup Attached					Overpayment on Tuition Health Insurance Refund Meal Ticket Refund Apartment / Dorm / Deposit Refund Parking Refund	
			ОТНЕ	CR INFORMATION	N	
FALL			SPRING		SUMMER	
				m.v.		
HOLD UNTI	L		TC	OTAL AMOUNT OF	F CHECK \$	
			APPRO	OVAL SIGNATURI	ES	
REQUESTED) BY:s	ignature	1	APPROV	VED BY: Date	