



REQUEST FOR REFUND

PLEASE PRINT LEGIBLY

CUSTOMER INFORMATION			
CUSTOMER'S FULL NAME		LICENSE / ID # AND ISSUING STATE	
PAYER'S FULL NAME, IF DIFFERENT		CONFIRMATION / BATCH / RECEIPT #	
MAILING ADDRESS OF PAYER (CHECK MAY BE MAILED TO THIS ADDRESS)		CITY	STATE ZIP CODE
DATE OF PAYMENT	AMOUNT OF REFUND \$	METHOD OF PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER	RESERVATION # (CDL SKILLS TESTS)
LOCATION OF PAYMENT <input type="checkbox"/> CSC#: _____ <input type="checkbox"/> ONLINE <input type="checkbox"/> MAIL		PHONE NUMBER OF PAYER	PAYER E-MAIL ADDRESS
REASON FOR REFUND (CHECK ONE):			
<input type="checkbox"/> Overpayment		<input type="checkbox"/> FTA paid prior to effective date	
<input type="checkbox"/> ALS Hearing refund		<input type="checkbox"/> Incorrect purchase (not processed)	
<input type="checkbox"/> CSC Team Member error		<input type="checkbox"/> Needed interim immediately (not processed)	
<input type="checkbox"/> Duplicate payment		<input type="checkbox"/> Court correction	
<input type="checkbox"/> Other (please explain):			
AUTHORIZATION – FOR DDS USE ONLY			
DDS TEAM MEMBER NAME (CSC ONLY)		DDS TEAM MEMBER SIGNATURE (CSC ONLY) X	
MANAGER NAME		MANAGER SIGNATURE X	
		DATE	RECEIVED AT <input type="checkbox"/> CSC#: _____ <input type="checkbox"/> HQ
FOR ACCOUNTING USE ONLY			
DECISION <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED		REASON	
REASON (CONTINUED)			
REFUND AMOUNT \$		REASON, IF REFUND AMOUNT DIFFERENT THAN AMOUNT OF PAYMENT	
FINANCE MANAGER NAME		FINANCE MANAGER SIGNATURE X	
		DATE	
REVENUE DEPARTMENT		ACCOUNTS PAYABLE DEPARTMENT	
REVENUE ACCOUNT	FUND	VOUCHER #	CHECK #
ORGANIZATION CODE	FUNDING SOURCE	VENDOR #	INVOICE #
OPB PROGRAM	PROJECT	ENTERED BY	DATE