PEPPERDINE UNIVERSITY

CREDIT CARD REFUND

This deposit is to be used by approved departments only for business activities involving the sale of goods and services across the university.
All staff submitting cardholder data must be approved and adhere to PCI Compliance Standards. These credit card handling processes require Credit Card Refund forms be securely submitted and transported in your assigned department cash bags to the Cashier's Office.

Department Name _____ Prepared By _____ Phone No. _____ Date _____

Customer Information

Name (Last, First, MI) _____ Phone No. _____

Receipt No. of Original Transaction _____ This is for a: ☐ FULL REFUND ☐ PARTIAL REFUND

Refund must be dated within (6) months or original transaction

Description (include customer last name)	Bus Unit	Fund	Dept	Account	Class	Program	Product	Project	Oper Unit	Amount
									Refund Total	

Notes _____
_____
_____
_____

Cardholder Payment Authorization for Refund Total as Listed Above

Refund by:	**Card Type:**		**Cashier's Office Use Only**
☐ Mail	☐ Visa	Cardholder Name _____	
☐ Phone	☐ MasterCard	Billing Address _____ Billing Zip Code _____	Cashier Initial: _____ Date:_____
☐ Fax	☐ American Express	Credit Card (provide only the last 4 digits) _____ Expiration Date (mm/yy) _____	
			Receipt # _____

_____
Approver (Signature) is an Authorized Approver in your Department or MABM   *Print Name*   *Ext.*   *Date*