

# PEPPERDINE UNIVERSITY

## CREDIT CARD REFUND

### Refund Information

Name (Last, First, MI) \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Department Name \_\_\_\_\_ Prepared By \_\_\_\_\_ Extension \_\_\_\_\_ Date \_\_\_\_\_  
 Receipt No. of Original Transaction \_\_\_\_\_ must be dated within six (6) months of original transaction date.

| Description         | Bus Unit | Fund | Dept | Account | Class | Program | Product | Project | Oper Unit | Amount |
|---------------------|----------|------|------|---------|-------|---------|---------|---------|-----------|--------|
|                     |          |      |      |         |       |         |         |         |           |        |
|                     |          |      |      |         |       |         |         |         |           |        |
|                     |          |      |      |         |       |         |         |         |           |        |
| <b>Refund Total</b> |          |      |      |         |       |         |         |         |           |        |

**Notes** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Payment Authorization for Refund Total as Listed Above

**Refund by:**  Mail  Phone  Fax  
**Card:**  Visa  MasterCard  American Express  
 Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Billing Address \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
 \_\_\_\_\_  
*Cardholder (Signature)* *Print Cardholder Name* *Date*

\_\_\_\_\_  
*Approver (Signature)* *Print Name* *Extension* *Date*

### Cashier Use Only

Cashier Initial \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_