REFUND REQUEST FORM

THE UNIVERSITY OF QUEENSLAND
AUSTRALIA

Please indicate if you paid using UQ Pay ☐ NO ☐ YES Refund will be credited to the cardholder's account only

Via the CASHIER ☐ NO ☐ YES A copy of the receipt must be attached or the receipt number provided:_____

STUDENT, STAFF / CUSTOMER NUMBER: (if applicable)

PAYEE CONTACT DETAILS

TITLE, FIRST NAME, OTHER INITIALS, FAMILY NAME				
ADDRESS LINE ONE				
ADDRESS LINE TWO				
SUBURB/CITY		STATE	POSTCODE	COUNTRY
TELEPHONE HOME:		TELEPHONE OTHER:		
* E-MAIL:				

* If your payment was made via the internet, please provide email address used at time of payment.

REFUND DETAILS

Date of original payment:	Refund Amount: $
Purpose of payment: (e.g. Student fees, parking permit, XYZ conference)	
Reason for refund: (Please cross relevant box)	☐ Program Cancelled ☐ Course Cancelled ☐ Overpayment ☐ Other (specify) :
Method of Refund: (Note: credit card payments refunded to the same card used for the original payment)	☐ EFT - BSB Account No. ☐ Cheque ☐ Credit card Please provide credit card details on the reverse of this form.

Are you an international student? ☐ Yes ☐ No

Payee signature: Date:

Customer Reference Number (CRN):

Payment TXN REF: (16 characters)

Refund TXN REF: (16 characters)

GL A/c to be charged: Dep Ref

Request Validated by: Date:

Approval by Financial Delegate: Date:

OFFICE USE ONLY

File Updated to Corporate System: Refund No. Date:

Refund Processed by: Date:

Download Report Checked: Date:

Student Notified of Refund ☐ Copy of Refund Sent to the Event Organiser ☐

Information collected is subject to the University's privacy policy http://www.uq.edu.au/privacy