



Sacramento State
 Bursar's Office
 Lassen Hall 1003 – MS 6052
 Sacramento, CA 95819
 Phone: (916) 278-1000, #3

Refund Application

Please submit completed form to the Bursar's Office in Lassen Hall, Room 1003. *(Submission of this form does not guarantee a refund. You will be notified of a decision by check, eRefund or email. The \$33 Payment Plan Fee and \$25 Late Registration Fee are non-refundable.)*

REQUESTER INFORMATION (Please print)

Refund for: _____ Sac State ID # _____
First Name Last Name (or company name)

Address _____
Street City State Zip Code

Email Address _____ Semester _____

Phone # _____ Amount Requested \$ _____

Reason for Request _____

Refund Type: Parking Appeal *(attach supporting documents)* Fee Waiver Reimbursement
 OneCard Hornet Bucks Other _____

By signing below, I certify that I understand the Bursar's Office Refund Policy and that this refund may incur a \$10.00 refund processing fee for a drop in units or withdrawal. (Please review Refund Policy here)

Signature _____ Date: _____

DEPARTMENT AUTHORIZATION (For department office use only)

Department Name _____ Approved Refund Amount \$ _____

Permit # _____

Comments: _____

Returned in T2 by _____
Initials Date

Account Chartstring Information:

Dept ID	Account	Fund	Class	Amount	Type of Fee

Departmental Authorization by personnel authorized to sign for the above account:

Printed Name Phone Number Signature Date

BURSAR'S OFFICE AUTHORIZATION (For Bursar's Office use only)

University Debts? No Yes (Amount applied to debt \$ _____) Refunded \$ _____

Check _____ Date _____ Voucher # _____ RM # _____

APPEAL: Approved Denied

Approving Signature Date

Refund Specialist Signature Date

Comments: _____

First Name

FOR FILING PURPOSES: Last Name