



California State University, Sacramento
 Bursar's Office
 6000 J Street, Lassen Hall 1003
 Sacramento, CA 95819-6052
 Phone: (916) 278-6736 Fax: (916) 278-6243

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, \$25 Late Registration Fee and \$100 Reenrollment Fee are non-refundable.)

REQUESTOR INFORMATION (Please print)

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

Address _____
Street City State Zip Code

Email Address _____ Non-Resident Student Yes No

Phone # _____ Semester _____ Amount Requested \$ _____

Reason for Request _____

Refund Type: Other _____

Parking (staple permit in box to the right) Appeal (attach supporting documents)

Sponsored or Fee Waiver Reimbursement OneCard Hornet Bucks

By signing below, I certify that I understand the Bursar's Office Refund Policy found at www.csus.edu/bursar/fees_deadlines_refunds.html and that this refund may incur a \$10.00 refund processing fee.

Signature _____ Date: _____

Attach
Parking
Permit
Here

DEPARTMENTAL AUTHORIZATION (For department office use only)

Department Name _____ Permit Decal #: _____ Returned in T2 by _____
Initials & Date

Approved Refund Amount \$ _____ Comments: _____

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 \$ _____ Check # _____ Date _____)

Waived \$ _____ Refunded \$ _____ Check # _____ Date _____

Semester _____
Refund Technician Signature Date

APPEAL: Approved Denied

 Approving Signature Date

Voucher # _____ RM # _____
 Comments: _____

FOR FILING PURPOSES: First Name Last Name