

The Lawrence

REFUND REQUEST

LHS CONTACT: _____ DEPT: _____
 EMAIL: _____ DATE: _____

REFUND TO: _____
 ATTN: _____
 ADDRESS: _____

ORIGINAL PAYMENT:

DATE: _____ ORDER/CONTRACT#: _____
 LAST 4 DIGITS OF CC: _____
 CHECK #: _____

REFUND REASON:

- RETURN
- OVERCHARGE
- DUPLICATE CHARGE (PLEASE ATTACH COPIES OF BOTH CHARGES)
- OTHER:

**Please attach copies of original payment
 (e.g. receipts, invoice, deposit form, copy of check, etc.)**

CHARGE TO:

BU	ACCT	FUND	DEPT	CF1	CF2	DEPT/PROGRAM NAME	AMOUNT
1							
1							
1							
1							
1	20001	69995	25761			TAX	
TOTAL:							