

SALISBURY UNIVERSITY
REFUND REQUEST THROUGH ACCOUNTS PAYABLE

Vendor Name:

Vendor Address, line 1:

Vendor Address, line 2:

City, State and Zip Code

SS Number or FEIN:

Employee/Student ID#

Please provide reason for refund:

Refund Amount:

Department/Project(s)(6-digit code) to be charged:

Account (6-digit code from above) to be charged:

Budget Administrator/PI Signature:

Date: _____

*****Attach a copy of budget credit receipt for proof of payment.*****

Please Return Completed Form to:

SALISBURY UNIVERSITY
ACCOUNTS PAYABLE, HH-218
PO BOX 2195
SALISBURY, MD 21802-2195