CSUDH
STUDENT FINANCIAL SERVICES

California State University Dominguez Hills
Accounting Services

Refund Application and Check Request (if appropriate)

Please submit the completed Refund Application to the SFS Refund Application and Check Request Form Dropbox

All areas in the shaded box below MUST be completed, including the address that the refund is to be sent

The attached list provides name, ID# and addresses (optional). The detail below is not needed.

Name: _____   Student ID # (if applicable): _____

Address: _____

City: _____ State: _____ Zip code: _____ Phone: _____

To the President, CSUDH, I respectfully request a refund for the reason noted in the justification column below. I understand that any outstanding charges on my student account or other obligations due to the university will be paid from the refund amount.

Requester Signature: _____   Date: _____

Requesting Department: _____

Justification: _____

Recommend that the Refund Processing Fee be waived?   Yes   Initials: _____

Department Authorized Signature: _____   Date: _____

Processed through Student Accounts

Department	Refund Type	Refund		Refund
Admission and Records	Application Fee		Graduation Fee	
	Change of Graduation Date		Graduation Late Fee	
	Document Processing		Transcripts	
	Other:		Other:	
Library	Library Fines		Lost Library Books	
Facilities Services	Student Key deposits		**COLL OF EXTENDED EDUCATION** See attached documents/spreadsheet	
Cashier's Office	Parking Permit (must be attached)		**HOUSING** See attached documents/spreadsheet	
Student Life	New Student Orientation		**OTHER** See attached documents/spreadsheet	

Processed through Accounts Payable

Department	Refund Type	Chartfield to use	Refund
Cashier's Office	Parking Permit (must be attached)	504003 FP201 30220	
Parking Services	Citations	504006 TS001 30230	
	Coin Machine	504004 FP201 30220	
Facilities Services	Non Student Key deposits	206802 AADHT	
Public Safety	Live Scan	580806 MT037 30200	
Other			

For Accounting Services Only: *Reviewed and approved for refunding process*

Manager or Designee Signature: _____ Vendor ID #:_____ Invoice #:_____

Date Refund Processed:	Refund Processed by:	Check Number:	Check Date:	Check Mailed:

- All requests for refunds must use this form to initiate the process.

- If this refund is for a student, the student ID must be on the form or in the attached spreadsheet.

- The individual or department requesting the refund must complete the form as needed.

- Incomplete forms will not be accepted.

- Departments are encouraged to compile multiple requests on a spreadsheet and attach this form as a cover for processing. That is accomplished by checking the box in the first box, and attaching a spreadsheet that includes, at a minimum the student ID #, student name, and dollar amount. The total of the worksheet must match the dollar amount as noted on the form.

- A template has been created for this purpose and can be downloaded from the Accounting Services website.

- The justification for the refund and an authorized signature must appear on the form as well as the date of signature.