

California State University, Fresno  
**EMARKET**  
**REFUND APPLICATION**

Student Financial Services (559) 278-2876  
5150 N. Maple Ave. MS JA58  
Fresno, CA 93740-8026

**CUSTOMER INFORMATION**

_____	_____	_____	_____
Last Name	First Name	M.I.	Fresno State ID Number
_____			( )
Mailing Address			Phone Number
_____			_____
City	State	Zip	Email Address
_____			
Reason:	_____		
_____			
_____			
_____			

**DEPARTMENT APPROVAL**

Department Name	_____	Transaction #	_____
Amount Paid	\$ _____	Refund Amount \$	_____
Department Approval:	_____	Date:	_____
(Financial Signature Authority)			

**CASHIER OFFICE USE ONLY**

Processed By	_____	Date:	_____
Refund Transaction#	_____	Refund Amount \$	_____

**ACCOUNTING OFFICE USE ONLY**

Reviewed By	_____	Date:	_____
Filed By	_____	Date:	_____