

To Be Completed By Student:

Date: _____ Fresno State ID: _____ Term/Year: _____

Last Name: _____ First Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Please Check One:

<input type="checkbox"/> Admissions Application Fee	<input type="checkbox"/> Pharmacy Fee
<input type="checkbox"/> Bulldog Bucks	<input type="checkbox"/> Testing: Entrance Exam/UDWE (circle one)
<input type="checkbox"/> Diploma Fee: Undergrad/Post Bac (circle one)	<input type="checkbox"/> Transcript Fee
<input type="checkbox"/> Dog Days Orientation Fee	<input type="checkbox"/> Wellness Vending Machine
<input type="checkbox"/> Graduation Stole Fee	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Health Service Fee (50+ miles)	
<input type="checkbox"/> Library: Fines/Books (circle one) Student/Other (Circle One)	

Reason: _____

 I understand that my refund may be issued as a paper check if I am not enrolled in Transact eRefund

Student Signature _____

DEPARTMENT APPROVAL

Amount Paid : _____ Refund Amount: _____

Transaction #: _____ Department Approval: _____

Transaction Date: _____ Date: _____

Collection Sheet #: _____

CHARTFIELD DISTRIBUTION

ACCOUNT	FUND	ORG ID	PROGRAM	SUBCLASS

ACCOUNTING OFFICE USE ONLY

Refund Amount: _____ Refund Date: _____

Processed By: _____

Reviewed By: _____ Refund Processed: A/P BM CN (circle one)