

# MISCELLANEOUS FEES REFUND REQUEST

Student Accounts: 5150 N Maple Ave JA 58, Fresno, CA 93740, Phone: 559-278-2876

## 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)