PARKING AND TRANSPORTATION SERVICES
IUPUI
OFFICE OF AUXILIARY SERVICES
Division of Finance and Administration

Refund Request Form
(Form must be completed for processing)

Customer Contact Information

Customer Name:		Phone #:	Date:
Billing/Campus Address:			
City, State:	Zip:	Email Address:	
Student/Employee ID #:		Permit/Citation #:	

Original Payment Method (Circle One): Check   Cash   Credit Card   Jagtag   Payroll   Bursar

CC Last 4 Digits:	
CC Expiration Date:	

Reason for Refund Request:

Customer Signature:

This form is a refund request. Approval is not guaranteed. If approved, refund will be issued in form of original payment except cash (which will be paid via check). If disapproved, customer will receive an email notification with explanation. Thank you.

**********Do Not Write Below this Line. Office Use Only.**********

Parking Services Clerk Review

Date Received at PTS:	Original Sales Receipt #:	Amount Processed:
Date Processed:	Account Deposit #:	Notes in Flex: Yes / No
Flex Activity Attached: Yes / No	PTS Employee (processing refund):	

Notes:

Refund Approval (Management)

Date Reviewed:	Approved: Yes / No	Approved Credit Amount:
Signature:	Flex Voucher #:	Payroll Report Attached: Yes / No / NA

Notes:

Refund Processing (Accounting/Billing Specialist)

Date Processed:	Verified Payment Type:	Refund Database Updated: Yes / No
Object Code:	Refund / Receipt Confirmation #:	
PTS Employee (processing):		

Notes:

Refunds associated with Permit and Service Order Form follows a separate procedure. Thank you!

Revised: HAS 9/12/2018