



**California State University, Sacramento**  
 Bursar's Office  
 6000 J Street, MS 6052  
 Sacramento, CA 95819  
 Phone: (916) 278-1000 #3  
 Fax: (916) 278-6243

# Refund Application

Please submit completed form to the Bursar's Office in Lassen Hall, Room 1003.  
 (Submission of this form does not guarantee a refund. You will be notified of a decision by check, eRefund or email. The \$33 Payment Plan Fee, \$25 Late Registration Fee and \$100 Reenrollment Fee are non-refundable.)

## REQUESTOR INFORMATION (Please print)

Refund for: \_\_\_\_\_ Sac State ID # \_\_\_\_\_  
First Name Last Name (or company name)

Address \_\_\_\_\_  
Street City State Zip Code

Email Address \_\_\_\_\_ Non-Resident Student  Yes  No

Phone # \_\_\_\_\_ Semester \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Reason for Request \_\_\_\_\_

Refund Type:  Other \_\_\_\_\_

Parking (staple permit in box to the right)  Appeal (attach supporting documents)

Sponsored or Fee Waiver Reimbursement  OneCard Hornet Bucks

By signing below, I certify that I understand the Bursar's Office Refund Policy found at [www.csus.edu/bursar/fees\\_deadlines\\_refunds.html](http://www.csus.edu/bursar/fees_deadlines_refunds.html) and that this refund may incur a \$10.00 refund processing fee.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Attach  
Parking  
Permit  
Here

## DEPARTMENTAL AUTHORIZATION (For department office use only)

Department Name \_\_\_\_\_ Permit Decal #: \_\_\_\_\_ Returned in T2 by \_\_\_\_\_  
Initials & Date

Approved Refund Amount \$ \_\_\_\_\_ Comments: \_\_\_\_\_

Account Chartstring Information: \_\_\_\_\_

Dept ID	Account	Fund	Class	Amount	Type of Fee

Departmental Authorization by personnel authorized to sign for the above account:

\_\_\_\_\_  
Printed Name Phone Number Signature Date

## BURSAR'S OFFICE AUTHORIZATION (For Bursar's Office use only)

University Debts?  No  Yes (Amount applied to debt \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_)

Waived \$ \_\_\_\_\_  Refunded \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

Semester \_\_\_\_\_  
Refund Technician Signature Date

APPEAL:  Approved  Denied  
 \_\_\_\_\_  
 Approving Signature Date

Voucher # \_\_\_\_\_ RM # \_\_\_\_\_  
 Comments: \_\_\_\_\_

FOR FILING PURPOSES: First Name Last Name