



**Sacramento State**  
Bursar's Office  
Lassen Hall 1003 – MS 6052  
Sacramento, CA 95819  
Phone: (916) 278-1000, #3

# 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 and \$25 Late Registration Fee are non-refundable.)*

## REQUESTER INFORMATION (Please print)

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

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

Email Address \_\_\_\_\_ Semester \_\_\_\_\_

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

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

Refund Type: ☐ Parking ☐ Appeal *(attach supporting documents)* ☐ Fee Waiver Reimbursement  
☐ OneCard Hornet Bucks ☐ Other \_\_\_\_\_

*By signing below, I certify that I understand the Bursar's Office Refund Policy and that this refund may incur a \$10.00 refund processing fee for a drop in units or withdrawal. ([Please review Refund Policy here](#))*

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

## DEPARTMENT AUTHORIZATION (For department office use only)

Department Name \_\_\_\_\_ Approved Refund Amount \$ \_\_\_\_\_

Permit # \_\_\_\_\_

Comments: \_\_\_\_\_

Returned in T2 by \_\_\_\_\_  
Initials Date

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 \$ \_\_\_\_\_) ☐ Refunded \$ \_\_\_\_\_

Check \_\_\_\_\_ Date \_\_\_\_\_ Voucher # \_\_\_\_\_ RM # \_\_\_\_\_

APPEAL: ☐ Approved ☐ Denied

\_\_\_\_\_  
Refund Specialist Signature Date

\_\_\_\_\_  
Approving Signature Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Updated: March 11, 2025 kjr

First Name

FOR FILING PURPOSES: Last Name