



# CALIFORNIA INSTITUTE OF TECHNOLOGY

## **CUSTOMER/SPONSOR REFUND (DEBIT MEMO)**

### OFFICE OF FINANCIAL SERVICES USE

Requestor's Name: \_\_\_\_\_

Requestor's E-mail: \_\_\_\_\_

Phone or Extension: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_

E-mail of Authorized Signature: \_\_\_\_\_

### FILL OUT THE REQUIRED FIELDS

#### DATA FIELD

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

Class: \_\_\_\_\_

Type: \_\_\_\_\_

Bill to Customer Name (Sponsor): \_\_\_\_\_

Bill to Customer Number: \_\_\_\_\_

Bill to Location: \_\_\_\_\_  
 If more than one address exist for the Sponsor

OGM Award Number: \_\_\_\_\_

GL Funding Segment: \_\_\_\_\_

Sponsor's Award Number: \_\_\_\_\_

Original Receipt/Application of Funds: \_\_\_\_\_

On Account       Invoice

Number: \_\_\_\_\_

#### Line Item – Enter reason

Number	Description	Amount
1	Refund	

#### OFFICE OF FINANCIAL SERVICES USE ONLY

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

*Financial Services*

**After completing this form, please forward this form to the cognizant Office of Financial Services (Institute Finance, Institute Reporting, or Project Accounting) for approval, Mail Code 1-15.**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_