



Request for Credit Card (Web Payment) Refund

Receipt No		Receipt Date	
Receipt Amount	\$	Refund Amount	\$
Receipt Description			

Name on Receipt	
Reason for Refund	

Name of Requester			
Business Unit		Phone	

I hereby confirm that I hold the appropriate delegation to authorise this refund (Delegation 220)

Authorisation (Delegated Officer's Signature)			
Name (Block Letters)			
Uni ID		Date	

Note: If the expiry date on the credit card has changed since the original payment was received then a refund to the credit card will not be able to be processed.

FINANCIAL SHARED SERVICES TO COMPLETE

Transaction Reference		RRN (If applicable)	
Refund Amount	\$	Date Refund Processed	
Receipt ID		Operator Signature	
Operator ID			
Comments			

Please attach receipt supporting this form and forward to financial.shared.services@anu.edu.au, Financial Shared Services, 10C