



CAMPUS RECREATION
Illinois State University

REQUEST FOR REFUND

To Be Completed By Participant

Name: _____ Date of Request: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone # (between 8am-5pm): _____ E-mail: _____

UID: _____ Amount of Refund Requested: _____

Give a DETAILED description of why you are requesting a refund (no more than 500 characters):

Signature of Participant (Required): _____

Please print, sign, and forward to Campus Recreation, Campus Box 2781, Normal, IL 61790-2781

For Office Use Only

Original Transaction Date: _____ Payment Type: _____

Invoice Number: _____ Amount of Refund: _____

Approved: Program Manager: _____ Date: _____

Account: 10704-05-278100000-595600

Associate Director: _____ Date: _____

Rejected due to: _____

Rejected by: _____ Date of Rejection: _____

Date Refund Processed: _____ Processed by: _____

Area below is for Business Operations processing.