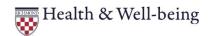
## University of Richmond - Health & Well-being



**Refund Request Form** 

2/2019

Refund Request Forms must be submitted to Member Services or the Program Manager no later than 5 business days prior to the start of the program. If approved, refunds may take up to 60 business days to process due to the required University check request procedures. Refunds for Spidercard and credit card payments are processed more quickly.

Date of Request:		Refund Amount Requested:		
Original Form of Payment: CASH	CHECK	_ Spidercard	Credit Card (on-line)	_
Payee's Name:				_
Mailing Address:				_
Email:				
Phone Number:				
UR ID# (if UR employee/student):				
Reason for Refund:				
Requestor Signature:			Date:	
Received by:			Date:	
********	******	******	********	******
For Office Use Only:				
Approved: YES NO	Amou	nt:		
Approver's Signature:			Date:	
(Completed by Manager, Member Sei	rvices if paid by Co	C or Spider Card O	R Budget Coordinator if paid I	by cash/check):
Index:	Account Code:		Amount:	
Date Check Request Submitted:	OR	Date S <sub>l</sub>	oidercard/Credit Card Refunde	ed:
Requestor Notified by: Phon	e <b>OR</b>	Fmail	Date:	