

BUSINESS REFUND REQUEST FORM

Date:		Address:	
Faculty/Service:			
Name:			
Account:		Phone:	
Alt:		E-Mail:	
GT Order No:		Transaction Date:	

REFUND REASON

Duplicate Payment	<input type="checkbox"/>
Overpayment	<input type="checkbox"/>
Incorrect Invoice	<input type="checkbox"/>
Unable to Supply Goods/Services	<input type="checkbox"/>
Other (please list)	<input type="checkbox"/>

REFUND BREAKDOWN

Liability	£
Amount Credited	£
Total Due	£
Total Paid	£
Refund due	£

Authorised by Faculty/Department	Print Name	Date
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FINANCE DEPT USE ONLY

REFUND DETAILS

Refund Method		Supportworks	
Original Rec/Doc No.		< £5000 Approved Signatory	
Online Order ID		> £5000-£25000 Approved Signatory	
G/L Indicator(s)			

BACS ONLY

3 Day Payment ☐

1 Day Payment ☐

Beneficiary Name		Auth by Finance Signatory	
Bank Name		Entered by	
Bank Account		Transmitted by	
Bank Sort Code		Date Transmitted	

Refund Document No.	
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