



BERNALILLO COUNTY

Refund Request

Today's Date: _____

Refund Request of \$: _____

Refund To: *Please Print*

Name: _____

Address: _____

City, State, Zip: _____

Telephone No: _____

Refund check will be mailed in approximately 4-6 weeks.

Refund check will only be issued to person who paid.

Reason for Request: _____

Method of Payment _____

(Check, Money Order, Credit/Debit Card, Cash, etc.)

Must provide proof of cleared transaction

Refund requested by (Customer Signature)

Date

OFFICIAL USE ONLY:

Date of Deposit: _____

SAP Receipting No: _____

GL Account Number: _____

Cost Center: _____

Total Amount Paid:\$ _____

Customer Receipt #: _____

Proof of cleared transaction attached? Yes _____ No _____

Comments: _____

Department Contact Name & Phone # *(Please Print)*

Department Manager Approval Date

Department Director Approval Date