



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 or cash

Must provide proof of canceled check (front and back)

Credit Refund

AP may route through Treasury

Last 4 of credit card# _____

Refund requested by (Customer Signature) Date

OFFICIAL USE ONLY:

Date of Deposit: _____

Receipt No. _____

GL Account Number: _____

Cost Center: _____

(MDC/CCP related refunds only should be GL #251425)

Total Amount Paid:\$ _____

Proof of cleared transaction attached? Yes _____ No _____

Comments: _____

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

Department Manager Approval Date

Elected Official or Department Director Approval Date