TOUCHNET REFUND REQUEST FORM

Send signed copy form to: Office of Revenue. Receivable & Cashiering Services
Sparks Hall, Suite 101
P:404-413-3251
rrcs@gsu.edu

Date of Request: __________________________

CONTACT INFORMATION:
Department Name: __________________________
Department Contact Name: __________________________ Phone Number: ________ E-Mail: ________________

REFUND INFORMATION:
Reason for refund:

uStore/uPay Site: □ uStore □ uPay Site Store/uPay Site Name __________________________
Order Number/System tracking Id/Application Id: __________________
Order Date: ________________
Customer Name: __________________________
Student Id (if applicable) __________________________
Amount paid: ________________ Amount to Refund: ________________

DEPARTMENTAL APPROVALS:
Signature of Dept. Approver: __________________________ Date: ________________

Office Use Only

Date Approved: ________________ Approved By (Name): __________________________
Date refund processed within TouchNet Marketplace: __________________________ Payment Gateway: __________________________
System Tracking Id: __________________________ TPG Reference Number: __________________________
Refund Amount: __________________________
Date email sent to Department Contact: __________________________

Updated 02.21.2017