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: ______________________
Requires 2 step Reversal for non-TLink uPay site to student accounts □ Yes □ No Reversal Date: __________________________
Refund Amount: ______________________ Date email sent to Department Contact: __________________________

Updated 02.21.2017