



UNIVERSITY CASH SERVICES
eMarket Refund Request Form

Bayramian Hall Lobby
Phone: (818) 677-8000 Option 1
Fax: (818) 677-4911
Mail Code: 8214

REFUND REQUEST INFORMATION:

Name: _____ Phone: _____

Email Address: _____

CASHNet Transaction Date: _____

CASHNet Transaction Number: _____ Refund Amount: _____

Reason for Refund: _____

Department Name: _____

Requested By: _____ Date: _____
Print Name

Signature: _____

Approved By: _____ Date: _____
Print Name

Signature: _____

DO NOT WRITE BELOW THIS LINE – FOR UCS OFFICE USE ONLY

Refund Batch Number: _____ Refund Date: _____ Refund Amount: _____

SmartPay (Check Request Required)

Elavon – Dept. Deposit (No Check Request)

Processed By: _____ Approved By: _____ Date: _____

Asst. Director, UCS