

Xetta Refund Request Form

IMPORTANT INFORMATION

Please note the following:

This is an internal form only. All information required can be found on the customer's copy of the receipt.

Please be advised that refunds are only able to be processed to the original credit card that made the payment. Where the expiry date on the card has changed since previous payment, a refund is not able to be processed. The refund receipt will be emailed to the original email address that received the payment receipt. If possible, attach an emailed copy of the original receipt.

Financial Services will contact you (the requestor) when the refund has been processed. Please allow 2 business days for the customer's account to be credited from the time the refund has been processed.

REQUESTED BY:

Full Name:

Phone:

Position:

Unit/Dept:

Date:

(Signature)

RECEIPT AND REFUND DETAILS

Please enter all applicable information.

Staff/Student Number:

Customer Name:

Payment Date:

Payment Description:

Invoice Number:

Receipt Number:

Receipt Amount:

Booking Reference:

Refund Amount:

Reason for Refund:

APPROVED BY:

Full Name:

Phone:

Position:

Unit/Dept:

Date:

(Signature)

FINANCE USE ONLY:

Xetta Entry

Approved Refund Amount:

Refund Receipt No.

PPM Transaction Number:

Project No.

Natural Acc. No.

Entered by:

Date Entered:

(Signature)

This form should be completed, signed by you (the student or staff member) and both your laboratory and academic supervisor on completion prior to requesting a refund for your access card. Please then forward to your Institutes Administrator for processing.

FULL NAME:**UOW E-mail:****Access Card Number:****Section A: Completed by the Laboratory Researcher****Lab number/s:** _____

I have:

- Checked and cleaned my work area, including benches, fume-hoods, ovens, freezers and refrigerators.
- Washed and stored glassware.
- Evaluated all samples used in my research. I have ensured those samples to be kept by my supervisor have all been correctly labelled and given to my ACADEMIC supervisor.
- Correctly labelled and disposed of any waste, including unwanted products and samples.
- Returned all chemicals to correct storage
- Returned all borrowed equipment.
- Reported any malfunctioning items to the LABORATORY SUPERVISOR.
- Returned all laboratory keys to my ACADEMIC SUPERVISOR.
- Any required health monitoring has been completed.

Researcher Name:

Signature:

Date:

Section B: Completed by Academic Supervisor

- I have evaluated my visitor/student's samples and those kept are correctly labelled and now are my responsibility.
- I have received any keys issued to my visitor/student.
- I have in my possession all laboratory books, correctly signed off on each page, PLUS all electronic data from all experiments and reports undertaken by my student/visitor/staff.

Academic Supervisor's Name:

Signature:

Date:

Section C: Completed by Laboratory Supervisor**Lab number/s:** _____

- I have inspected the work area used for the listed project (in the company of the researcher) and I am satisfied that the researcher has complied with all of the requirements of the release form.

Laboratory Supervisor's Name:

Signature:

Date:

Section D: Completed by Institute Administrator

- I have inspected the visitor/student's desk and it is clean and free from waste, including unwanted samples, papers and boxes.
- I have received any desk keys issued to the visitor/student/staff.

Administrators Name:

Signature:

Date:

Section E: Completed by AIIM Administrator

- I have received Laboratory coat and safety glasses.
- I have received the access card issued to the visitor/student/staff.
- Access card deactivated.

Administrators Name:

Signature:

Date: