Financial Services Division

ABN: 61 060 567 686

# 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)* |

*Xetta Refund Request Form - 1 April 2021*

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