Refund Form

Professional Staff Information:

Form Completed By: _____ Date: _____

Phone Number: _____ Email Address: _____

Itemized Refund Information:

Refund Amount Total:_____

Items Ordered/Purchased:	Item Amount:	Order/Invoice Number and Date:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Refund Information:

Purchased By: _____Purchase Date: _____

Phone Number: _____

Email Address: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Fusion Order Method:

- ☐ Invoiced
- ☐ Online Order
- ☐ In-Person Order

Payment Type:

- ☐ Check
- ☐ Visa
- ☐ Master Card
- ☐ Scrappy Cash
- ☐ Cash
- ☐ Other: _____

Refund Reason and Additional Information:

Accounting Contact Information:

Contact Name:	Phone Number:	Email Address:
Cindy Strine	(423) 425-2786	Cindy-Strine@utc.edu
Corbin Hedges	(423) 425-5701	Corbin-Hedges@utc.edu
Mike Johnson	(423) 425-5987	Timothy-Johnson04@utc.edu
Craig Gosnell	(423) 425-5682	Craig-Gosnell@utc.edu
Erical Beasley	(423) 425-5908	Erical-Beasley@utc.edu
Merrium Carver	(423) 425-5909	Merrium-Carver@utc.edu
ShaQuanda McCallie	(423) 425-5906	ShaQuanda-McCallie@utc.edu
Destiny Richardson	(423) 425-2327	Destiny-Richardson@utc.edu