

COMMONWEALTH OF VIRGINIA

VIRGINIA COMMONWEALTH UNIVERSITY

REVENUE REFUND VOUCHER

Name:	_____
Address:	_____
City:	_____
State:	_____ Zip: _____ - _____
Banner ID or Tax ID:	_____

Agency: _____ **V C U** _____

Refund No. _____

Date: _____

Description of Refund / Justification (Attach documentation)	Amount
<p>Banner Index: _____ Account: _____</p> <p>Approver Signature: _____</p> <p style="text-align: center;"> <small>Signature</small> <small>Printed Name</small> <small>Date</small> </p>	
Amount Certified for Payment	-

Voucher No. _____ Date _____

I certify that the amount listed herein is correct and proper calculations have been performed to determine the amount. Further, this refund is in compliance with applicable University and State regulations.

Approved: _____