



Refund Form

Legal Name: _____

Supplier ID (If available): _____

Mailing Address line 1: _____

Mailing Address line 2: _____

City, State & Postal Code: _____

Amount: _____

Description of Payment:

USC Chartfields:

_____	_____	_____	_____	_____
Operating Unit	Department	Fund Code	Account	Class Field

For Grants or Projects:

_____	_____	_____
PC Business Unit	Project	Activity

Department Contact (Name, Email, Phone):

Please remit the Refund Form to Controller's Office: Accounts Payable for processing by email to APUpload@mailbox.sc.edu.