

THE UNIVERSITY OF TENNESSEE
REFUND REQUEST FORM

TO:

DATE
AMOUNT
IRIS DOC. NO.

REASON FOR REFUND:

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RECEIPT/IRIS DEPOSIT NUMBER

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Cost Center/WBS Name	Cost Center/WBS Element	Internal Order	G/L Account	Amount

Approver's Signature:

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Instructions to departments: This form should be used only when a refund is required. The entry into IRIS should be done by the department. Any documentation to support this request should be attached to the approved form and maintained in the responsible office.