



# 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
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**For Grants or Projects:**

\_\_\_\_\_

PC Business Unit	Project	Activity
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**Department Contact (Name, Email, Phone):**

  
  

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*Please remit the Refund Form to Controller's Office: Accounts Payable for processing by email to [APUpload@mailbox.sc.edu](mailto:APUpload@mailbox.sc.edu).*