

THE UNIVERSITY OF TENNESSEE
REFUND REQUEST FORM

TO: _____

DATE _____
AMOUNT _____
IRIS DOC. NO. _____

REASON FOR REFUND: _____

RECEIPT/IRIS DEPOSIT NUMBER _____

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

Approver's Signature: _____

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.