THE UNIVERSITY OF TENNESSEE
REFUND REQUEST FORM

TO: ______________________________                   DATE                ____________
                                           ______________________________            AMOUNT          ____________
                                           ______________________________   IRIS DOC. NO. ____________
                                           ______________________________

REASON FOR REFUND: ____________________________________________________________
                                           ________________________________________________
                                           ________________________________________________
                                           ________________________________________________
                                           ________________________________________________
                                           ________________________________________________

RECEIPT/IRIS DEPOSIT NUMBER ______________________________

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<tr>
<th>Cost Center/WBS Name</th>
<th>Cost Center/WBS Element</th>
<th>Internal Order</th>
<th>G/L Account</th>
<th>Amount</th>
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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.