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| **NUIM Shop**  **Request for Refund** |  |
| Transaction Number: |  |
| Cardholders Name: |  |
| Value of Transaction: |  |
| Value to be Refunded: |  |
| Date of Transaction: |  |
| Reason for refund: |  |
| BU - To be charged: |  |
| Requested by: (Dept Head/Admin) |  |
| Date: |  |
| Processed by: | Authorised by: |
| This form must be emailed to Ray Dully, Marie Kelly or John McCormack in the Finance Office. When the refund is processed, a notification will be emailed back to the requesting Dept. If you do not receive a reply, please follow-up. | |