



Refund Form

Legal Name: _____

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

For Grants or Projects:

PC Business Unit

Project

Activity

Department Contact (Name, Email, Phone):

Please remit the Refund Form to Controller's Office: Accounts Payable for processing by email to APUpload@mailbox.sc.edu.