



San Francisco State University
eMarket Refund Request Form

Request Date: _____

Department: _____ Department Number: _____

Reason for Refund: _____

Requestor: _____ Extension: _____

Requestor Signature: _____

Department Head: _____

Department Head Signature: _____

Refund Requested

eMarket Site Name: _____

Transaction Date: _____

Transaction Amount: _____

Transaction Number: _____

Student / Customer Name: _____

SF State ID # (if applicable): _____

To be completed by Bursar's Office

- a) Was the payment made with a paper or electronic (ACHWEB) check?
[] Yes, work with department to prepare direct pay request form to AP
[] If no proceed to step b.

- b) Was this transaction processed more than 6 months ago?
[] No, forward to Refund Analyst
[] Yes, work with department to prepare direct pay request form to AP

Completed by: _____

Date: _____

Transaction # _____

Processed Refund Attached []