

MOTT COMMUNITY COLLEGE Refund/Check Request Form

Date: _____
Requestor: _____

<i>ACCOUNTING USE ONLY:</i>

CUSTOMER ID# (if known): _____

BILLING NAME & ADDRESS:

ACADEMIC TERM FOR BILLING: _____

ACCOUNTING USE ONLY:	<u>Financial Aid Award #:</u>
	-or-

AR CODE	12-DIGIT ACCOUNT #:	DESCRIPTION	AMOUNT
REFUND TOTAL:			\$ -

Requesting Signature: _____

_____	PLEASE SEND ATTACHMENTS (enclosed)
X	NO ATTACHMENTS NEEDED

**--SEND TO ACCOUNTING
CM1026--**