UNIVERSITY of HAWAI'I®
KAPIʻOLANI
COMMUNITY COLLEGE
BUSINESS OFFICE

Refund Request

Date: _____

KFS Vendor Number: _____

Customer Name: _____

Customer Address: _____

KFS Invoice Number: _____

Date of Event: _____

KFS Payment Doc Number: _____ Date Paid: _____

Refund Amount: _____

Reason for Refund:

_____

Please include:
1. **Documentation of request for refund from the customer**
2. **Copy of the agreement**

_____   _____   _____
Administrator (Print Name)   Signature   Date