California State University, San Bernardino Parking Permit/Citation Refund Request

PLEASE NOTE: THIS FORM DOES NOT ABSOLVE STUDENTS FROM ANY OTHER PARKING FEES OR FINES EXCEPT THE ONES LISTED BELOW. The Refund Request form may be completed and submitted to the Parking Services Office, TO-209 or mailed to: CSUSB Parking Services, 5500 University Parkway, San Bernardino, CA 92407-2397.

For permit refund rates please visit the Parking Services website (http://adminfin.csusb.edu/parking/) or contact Parking Services at (909) 537-5912

PAYEE INFORMATION	
Name:	Student ID:
Address:	
	Zip Code:
Email Address:	Telephone #:
PERMIT REFUND REQUEST (To be completed by Pa	ayee)
Reason for Refund:	
□ Dropped classes before start of quarter	Parking Permit #:
□ Permit ordered in error	- Permit Must Be Attached
□ Returned for exchange/upgrade	
□ Permit purchased by third party	
<u>CITATION REFUND REQUEST</u> (To be completed by	Parking Services)
Reason for Refund:	-
□ Citation dismissed	Citation #:
□ Citation fine reduced / Partial refund	
	EPARTMENT USE ONLY
Parking Permit	Citation Data Reasingd
Ownership Verified	Date Received
Purchase Date	Date Paid
Paid with Receipt #	Paid with Receipt #
Refund Amount \$	Refund Amount \$
CHARTFIELD: HBD02 - D1010 - 5000 Account number must be provided	CHARTFIELD: 504006 - JAD01 - D1030 - 5000
Processed by:	Processed by:
Approved by: Date:	Signature:
ACCOUNTS PAYABLE D	DEPARTMENT USE ONLY
Vendor #: Entered by:	Check #: Amount:
Voucher #: Date:	Stock #: Dated:
	Reviewed by: