



CHECK REFUND REQUEST

DATE: _____

AMOUNT TO REFUND: _____

DATE TO REFUND BY: _____

MAKE CHECK PAYABLE TO:

ACCOUNT NAME: _____ ACCT # _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

REQUESTED BY: _____ DEPT: _____

REASON FOR CHECK: _____

SYSTEM CM OR PAYMENT #/ REFERENCE _____

CREDIT DEPARTMENT APPROVAL: _____ **DATE:** _____

ALL CHECK REFUNDS ARE SENT VIA USPS MAIL UNLESS REQUESTED OTHERWISE

DATE OF CHECK: _____ CHECK # _____

PROCESSED BY: _____

****IF CHECK IS RETURNED AND REVERSAL FOR AP IS DONE PLEASE CONTACT AR@GALLEHER.COM TO COMMUNICATE REVERSAL****