

FLORIDA INTERNATIONAL UNIVERSITY

The State University of Florida at Miami

REVENUE REFUND INVOICE

Date: _____ Vendor # / SSN #: _____

Payee Information (**Address Required**) Org Name: _____

Requestor Name & Ext #: _____

Organization _____

Approval: _____

Authorized Signature Only

SPECIFIC ITEM OR SERVICE	QUANTITY	UNIT PRICE	TOTAL AMOUNT
<p>*PLEASE SUPPLY ORG CODE, ORIGINAL RECEIPT NUMBER, AMOUNT AND DATE BELOW (ATTACH COPY IF POSSIBLE) **CHECK WILL BE MAILED DIRECTLY TO PAYEE. IF CHECK IS PAYABLE TO FIU, ATTACH NOTICE OF FUNDS FORM FOR DEPOSIT.</p>			

FOR CODING PURPOSES ONLY

DOC NO.	ORG. CODE	EO	REV CODE	STUD/VEND #	CREDIT AMOUNT
				TOTAL	