



UNIVERSITY *of* WASHINGTON | BOTHELL  
**PROCARD REFUND STATEMENT**

Cardholder will complete this form if there is a refund on their monthly ProCard statement. Include this completed form in the monthly ProCard packet as supporting documentation for the refund.

Date of original purchase: \_\_\_\_\_ Date of refund: \_\_\_\_\_

Vendor: \_\_\_\_\_

Description of item(s) refunded:

Reason for refund:

Is this a full or partial refund? Full  Partial

If this a partial refund, why is it not a full refund?

\_\_\_\_\_  
Cardholder (Please Print)

\_\_\_\_\_  
Signature of Cardholder and Date