

CITY OF RUSSELLVILLE
REFUND REQUEST
To be completed by person requesting refund

Date of Request: _____

Name of Person Requesting Refund: _____

Department: _____

Date of Purchase: _____

Item Purchased: _____

Amount of Purchase: _____

Receipt must be attached to Refund Request Form

Submitted By: _____

Department Head Approval: _____

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Date refund was paid: \_\_\_\_\_

Check Number: \_\_\_\_\_