



Controller's Office  
AP Upload  
Refund Form

Complete the form below and email to APupload@mailbox.sc.edu along with required backup

Legal Name: \_\_\_\_\_

Supplier ID (if applicable): \_\_\_\_\_

Mailing Address Line 1: \_\_\_\_\_

Mailing Address Line 2: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Amount: \_\_\_\_\_

Description of Payment:

|  |
|--|
|  |
|--|

| Operating Unit | Department | Fund | Account | Class | PC Bus. Unit | Project | Activity |
|----------------|------------|------|---------|-------|--------------|---------|----------|
|                |            |      |         |       |              |         |          |

**Requestor Contact**  
(name, email, phone): \_\_\_\_\_

**Department Approver**  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_