



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: _____