

FACULTY STAFF FITNESS REQUEST FORM
Refunds/Credits: Form due to Langton 123 before Friday of week 2!

Year & Term

Name: _____ Date of Request: _____ Method: _____ Office Initials: _____

Current Registration Information: Change to:

→ Credit (\$)
 Refund (\$)
 Transfer to:

→ Credit (\$)
 Refund (\$)
 Transfer to:

→ Credit (\$)
 Refund (\$)
 Transfer to:

Reason for Request: _____

Payment method:

- Online Credit Card, Amount Paid: \$_____ (No additional Information needed)
- Check, Amount Paid: \$_____, Please fill out additional information below
- Cash, Amount Paid: \$_____, Please fill out additional information below
- Card in the office, Amount Paid: \$_____, Please fill out additional information below

OSU ID#: _____ - _____ - _____ Email: _____

Campus Address: _____ Phone: _____ Type: Work Home Cell

Office Use Only: Complete & Recorded (_____)

Date Reviewed: _____ Cancelled in Ideal-Logic: _____

Touchnet Refund Submitted (Online Payment): _____ OR Refund Sent to HSBC (Office Payments): _____

Refund Recorded (Ideal-Logic): _____

Participant emailed Registration Adjustment Confirmation _____

PAYMENT INFORMATION:

Date: _____

Type: _____

Register #: _____

Z Report#: _____