

# Incident Report-Based Refund Request

Date of Report:

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Report Reference Number:

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## Requestor Details

Full Name:

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Department/Unit:

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Contact Information:

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## Transaction Information

Transaction/Order Number:

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Date of Transaction:

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Amount to be Refunded:

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## Incident Description

Describe the Incident:

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Impact of Incident:

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## Supporting Documents

Attached Files/References (if any):

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## Recommendation and Action Taken

Action Taken or Proposed:

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Recommended by:

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Date:

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## **Approval**

Approved by:

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Position:

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Date:

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### **Important Notes:**

- Ensure all information provided is accurate and supported by valid documentation.
- This form must be completed and submitted within the required time frame after the incident occurs.
- Incomplete forms or missing documentation may result in delays or rejection of the refund request.
- Keep a copy of this report and all attachments for your own records.
- Approval from the authorized department is mandatory before any refund is processed.