



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: \_\_\_\_\_