



## Office of Finance Expenditure Refund Request Form

*Please complete the form below. This form is required for **all** refunds issued to SCDE Finance. Failure to complete this form will delay the refund process.*

### Sub-Recipient Information

Sub-Recipient/Entity Name - \_\_\_\_\_ Entity Code - \_\_\_\_\_ Check Number - \_\_\_\_\_

Preparer's Name - \_\_\_\_\_ Preparer's Title - \_\_\_\_\_ Preparer's Email - \_\_\_\_\_

### Expenditure Refund Summary

Does this expenditure refund require an expenditure refund submission in GAPS (check one)? ☐ Yes ☐ No ☐ N/A

If "yes," has this task been completed (check one)? ☐ Yes ☐ No

Fiscal Year & Quarter	Purpose of Refund	Revenue Code	Sub Fund	State or Federal Funds	Grant Number	Object Code	Function Code	Amount

Refund Total - \_\_\_\_\$

Preparer's Signature - \_\_\_\_\_ Date - \_\_\_\_\_

Office of Finance  
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