

University of Illinois at Springfield Food Service

Student Request for Meal Plan Refund

Name

Last

First

Middle

University Identification
Number (UIN) _____

I am requesting a refund of funds on my Meal Plan account.

I understand that a \$5 administrative fee will be assessed.

I also understand that the balance will be transferred to my student account to cover any outstanding balances.

Any credit balance will be processed through standard Student Account credit / refund procedures.

All refunds are processed electronically by direct deposit. For procedure details visit

<http://www.usfsc.uillinois.edu/Refunds.html>.

Current Mailing Address _____

Current Balance

\$ _____

Administrative Fee

\$5.00

Total Refund

\$ _____

Signature _____

Date _____

Please return your completed form to:

UIS ID Center

1 University Plaza

PAC 124

Springfield, IL 62703-5407

Phone: 217-206-7718 | Fax: 217-206-7711 | Email: idcenter@uis.edu