

**RICHLAND COLLEGE
ADJUSTMENT FORM**

PERMISSION TO TRANSFER FUNDS

Print Student's name _____ ID# _____

Transfer \$ _____ from _____ in order to pay the tuition balance
or returned check balance for _____.

Student's signature _____ Date _____

Requested by: Student _____ Con. Ed: Approved By _____

Fin. Aid.: Approved By _____ Business Office: Approved By _____

****Business Office Use Only Below This Line****

ADJUSTMENTS

Amount _____ Requested By _____ Pay Method _____

Reason for Adjustment _____

REVERSALS / NEGATIVE CASH RECEIPTS

Amount _____ AR Type _____ Originator/Cashier name _____

Student ID# _____ Cash Receipt # to be Reversed _____

Reason for Negative Amount _____

PROCESSING CASHIER INFORMATION

Name _____ Date _____ Session _____

Negative CR# _____ Adjusted/Corrected CR# _____

Initials Date

Processed By: _____

Approved By: _____

