

Aventri Refund Request

Date	Aventri Registration #	Registrant's Name (Indicate if Registrant paid for Guest)	Payment Method Check/Credit Card	Registrant's Total Amount	Registration \$ Converted to Gift	Refund Amount (Business Serv.)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

****Please attach excel spreadsheet if requesting more than four refunds.**

Event Name and Aventri Number: _____

Berkeley Law Center/Dept: _____

Event Owner/Requester Name: _____ Email: _____ Ext. _____

*****Have you changed the user's status as canceled/refunded in Aventri?** Yes No

Chartstring (to process refund):

BU	Account	Fund	Dept	Program	CF1	CF2
1						

Chartstring (to process Gift):

BU	Account	Fund	Dept	Program	CF1	CF2
1						

Business Services Office Only:

CDS MR#: _____ Processor: _____