

East Georgia

STATE COLLEGE™

BUSINESS AFFAIRS BOBCAT BUCKS DEPOSIT REFUND REQUEST

Full Name _____

Phone Number (in case of questions) _____ EGSC ID# _____

Please mail check to the following address:

Street Address

City

State

Zip

I understand that a \$10 processing fee will be deducted from the account balance.

Signature

Date

FOR OFFICE USE ONLY:

Amount of Remaining Balance: \$ _____

Processing Fee:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Amount Released to Student: \$ _____

Business Affairs Representative

Date
