



URDANETA CITY UNIVERSITY

Owned and operated by the City Government of Urdaneta

Accounting Office
ucu.accounting@yahoo.com

Accounting Copy

LETTER OF REFUND FOR OVERPAYMENT

Date: _____

Amihan April C. Mella-Alcazar, Ph. D.

Acting University President
Urdaneta City University

I, _____ a _____ of
(Name) (Graduate/transferee)
_____ would like to claim a refund of overpaid tuition fee during the
(Course & year)
_____ in the amount of _____
(Semester/AY)
(Php_____).

Thank you for your kind consideration.

Respectfully,

Signature over printed name

Contact Number: _____

ID Number: _____

Student Copy

LETTER OF REFUND FOR OVERPAYMENT

Date: _____

I, _____ a _____ of
(Name) (Graduate/transferee)
_____ would like to claim a refund of overpaid tuition fee during the
(Course & year)
_____ in the amount of _____
(Semester/AY)
(Php_____).

Thank you for your kind consideration.

Respectfully,

Signature over printed name