

**University of Wisconsin-Milwaukee
PAWS Charge Reversal Authorization Form**

Student Information:

Last Name	First Name	Campus or Empl ID

Charge Reversal Information:

Amount	Item Nbr (Charge Description)	Term
Reason for Reversing Charge(s)		

Department Authorization:

Department Name:	Contact Person:
Phone Number:	E-mail Address:
Signature:	Date:

Submit the completed form to the Accounts Receivable Office in Mitchell Hall, Room 295.