



Department submitting DFI will select appropriate agency

Created by FAMIS, when DFI is entered. DFI's will be filed by this number with all other vouchers

Voucher Number (Ref 2)

**Deduction from Income**  
FAMIS Screen 104

**Please attach all documentation to substantiate this refund.**

Receipts copies, memos, etc

Vendor name & ID number will be provided by department

- 06 Research
- 07 Extension
- 20 TVMDL

**Vendor Name:** \_\_\_\_\_

**Vendor Number:** \_\_\_\_\_

**Type:**   1  

If a dept ref is provided, it will be keyed in. If none is provided, TAES will use the CB number from the cashbook  
7 characters maximum

**Dept. Ref. Number:** \_\_\_\_\_

**Enclosure Code:**   Y  

Invoice date will be date the DFI is submitted

**Invoice Date:** \_\_\_\_\_

**Override ACH**

Yes  No

Select appropriate action

**Description: DFI:** \_\_\_\_\_

Description of why we are returning funds...always preceded by "DFI:"  
Must be descriptive enough to back up request

**Accounting Analysis:**

\_\_\_\_\_ SL/Account

\_\_\_\_\_ SA/Project

\_\_\_\_\_ Revenue Code

**Memo Bank:** \_\_\_\_\_

Department will fill in the Account & SA/Proj where funds were originally deposited

**Amount:** \$ \_\_\_\_\_

Amount to be refunded

**Invoice Number:** \_\_\_\_\_

Cash Management Staff will add additional information & sign

**Departmental Approval:**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Dept/Unit:** \_\_\_\_\_

Must be an authorized approver for this account

**Fiscal Office Prepared:**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Fiscal Office Approved:**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_