



City of Gardena

Treasurer's Refundable Account Disbursement Request

To: Office of the City Treasurer

Date:

From:

Department:

Request for (please check) ☐ Refund Disbursement – complete Section A & B and signature section

Signature Section

Department Contact Person:

Department Head Signature: _____

Department Head Name Printed:

Section A – Account Information

Account Number: **070-231-095-**

Original Deposit Amount \$:

Payee Name:

Street Address:

City, State, Zip:

Permit Issue Date:

Permit No:

Permit Type:

Final Inspection Address:

Completion Date:

Responsible Department if other than above:

Division:

Section B – Refund Disbursement

Refund Amount \$

If refund is not for the full amount of the original deposit, please attach any pertinent documentation and provide the appropriate charge code for the remaining amount.

Partial Refund Amount \$

Remaining Amount \$

Charge Code for Remaining Balance:

BELOW FOR TREASURER'S OFFICE & ACCOUNTING USE ONLY

CITY TREASURER'S OFFICE

Balance before transaction \$

Transaction is for \$

Balance after transaction \$

Comments: _____

Balance Reconciled Date _____ Initials _____

ACCOUNTING

Warrant No.:

Journal Entry No.:

Warrant Amount:

Debit Account:

Credit Account:

Warrant Issue Date:

Debit Amount \$

Credit Amount \$

Accounting: Authorized Signature: _____

Accounting: Authorized Name Printed: