REFUND REQUEST FORM

to be used for refunds to Parents/Students only

Date:	
Requesting School/Depart	ment:
Parent or Student Name: _	
Parent/Student Address:	
-	

Refund via (check, through EZSchoolPay, etc.):

ACCOUNT CODE	DESCRIPTION	AMOUNT

APPROVALS

Refund Requester	Date
Principal or Administrator	Date
Business Office Manager	Date

PLEASE NOTE: Original payment details must be included. Account codes must be given in order for the refund to be processed. **REFUNDS WILL ONLY BE ISSUED TO THE PERSON(S) THAT MADE THE ORIGINAL PAYMENT(S)**.