

# Refund Request Form



<b>Client Name</b>		
<b>Signature</b>		<b>Date</b>
<b>Postal Address</b>		
<b>Suburb</b>		<b>Postcode</b>
<b>Course Code</b>		
<b>Reason for Request</b>		
<b>Amount to be refunded</b>	\$	
<b>Original Receipt #</b>		<b>Date of Receipt</b>
<b>Approved by Accounts Signature</b>		
<b>Type of payment</b>	<input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card reimbursement <input type="checkbox"/> Debit Card reimbursement <input type="checkbox"/> EFT <input type="checkbox"/> Direct Deposit	<b>Date Paid</b>
<b>Date Issued</b>		

<b>Refund entered into Accounts System</b>	<b>YES / NO</b>	<b>Date:</b>
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