

Request for Refund

{School Name}

Use this form to request a refund from a school account

Supporting Documentation Attached? YES NO

Date: _____

Attach documentation showing where funds were originally received.

Date Funds Received: _____	Issued Refund To: _____
Account Number: _____	Mailing Address: _____
Account Name: _____	City, State, Zip: _____
	Refund Amount: _____

Reason For Refund:

As the account sponsor, I authorize this refund:

ACCOUNT SPONSOR (PRINTED NAME)

ACCOUNT SPONSOR (SIGNATURE) DATE

I hereby approve & authorize this refund:

PRINCIPAL DATE

Bookkeeper Use Only:

Date Refund Issued: _____

Check Number: _____