

Refund Request Form



| | | |
|---------------------------------------|---|------------------------|
| Client Name | | |
| Signature | | Date |
| Postal Address | | |
| Suburb | | Postcode |
| Course Code | | |
| Reason for Request | | |
| Amount to be refunded | \$ | |
| Original Receipt # | | Date of Receipt |
| Approved by Accounts Signature | | |
| Type of payment | <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 | Date Paid |
| Date Issued | | |

| | | |
|--|-----------------|--------------|
| Refund entered into Accounts System | YES / NO | Date: |
|--|-----------------|--------------|