

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:
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