



REQUEST FOR REFUND FORM

I, _____, being the parent/carer of _____ in Year _____, request a refund of \$_____ paid for _____ (activity). I request a refund due to: _____.

I understand and agree that:

1. A refund may not be made to me or be made in full or in part, having regard to the associated expenses already incurred by the school, and the school's refund guidelines provided to me.
2. The school receipt for the original payment is attached / not attached. (Please circle)
3. My details will be kept confidential and will not be used for any other purpose.
4. My refund be made:
 - as a credit against my child's account at the school;
 - to my bank account via electronic funds transfer (EFT) (please complete details below);
 - to my credit card if used for the original payment (Please bring to finance office for refund to card);
 - to my credit card if the original payment was made through QKR.

Please allow 5 to 10 business days for refund to be processed

_____/_____/_____
Signature of Parent/Carer Date

Bank Account Details:

Account Name: _____
BSB: _____ Account Number: _____
Bank: _____ Branch: _____

(School Use Only)

Original Receipt Number: _____ Amount Received: \$ _____

APPROVED Refund Amount Approved: \$ _____

NOT APPROVED

INVOICE: _____
ORDER NO: _____
CREDIT NOTE: _____

_____/_____/_____
Signature of Principal Date