



Northshore
School District

Accounting Department

Refund Request Form

School/Department _____ Date _____

Student Name _____ Student ID# _____

Payee Name _____

Payee Address _____

Amount Requested _____

Receipt # _____ Item # _____

Reason for Refund

Changed schools

Wrong size

Class canceled

Student changed mind

Customer changed mind

Student cut from team

Dropped class

Student didn't go on field trip

Event canceled

Student didn't make GPA to qualify

Field trip canceled

Student didn't receive item

Found item

Student didn't take exam

Item returned

Student injured

Multiple class discount

Student on F/R lunch

Overpayment

Student quit team

Purchased in error

Student withdrew from school

Reduced family rate

Time/schedule conflict

Duplicate purchase

Other: _____

Attach a copy of the reprint receipt and refund receipt and send to Accounting.

Prepared By _____ Extension _____

Approval Signature (School/Department) _____

Date _____