



# Refund Form

TO: HACIENDA LA PUENTE USD  
15959 EAST GALE AVE  
CITY OF INDUSTRY, CA 91745

Date: \_\_\_\_\_

Requisition Number: \_\_\_\_\_

DUE TO:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student Name (If applicable)

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
Student ID (If applicable)

\_\_\_\_\_  
Signature of Requestor

REASON FOR REFUND:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACCOUNT NUMBER:

\_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

SCHOOL SITE/DEPARTMENT: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NAME: \_\_\_\_\_  
(School Representative)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR FISCAL USE ONLY:**

SIGNATURE OF APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Form#1005 (rev 05/2021)

Refund forms are subject to review before being processed. Refund forms require a wet signature from the school site/department administrator. Original receipts are required to process refunds for claimant. Whiteout is prohibited on refund forms. Exceptions to the refund procedure will be taken on case by case basis through approval from the Director of Fiscal Services. Should your school site/department be allotted an exception to the procedure, please attach the approval to the refund form.