



SNOQUALMIE VALLEY

SCHOOL DISTRICT

REFUND REQUEST

Date: _____

ASB GF

School/Department: _____

Student Name: _____

Student ID#: _____

Payee Name: _____

Payee Remit Address: _____

City/State/Zip: _____

Total Refund Due: \$ _____

Receipt # _____

Item # _____

Reason for Refund: _____

PLEASE ATTACH ORIGINAL RECEIPT(S). Refunds cannot be made without proper documentation. Refunds will be issued if the book is returned within 60 business days after end of school year in which the book was lost and the fine was paid. Refund requests should be submitted to Business Services. Refund checks will be mailed directly to the parent's home address.

Budget Admin Approval: _____ Date: _____

(If ASB) Student Approval: _____ Date: _____

Account Code:

_____ - R - 960 - _____ = \$ _____

_____ - R - 960 - _____ = \$ _____

DISTRICT OFFICE USE ONLY

REFUNDED BY: PAYEE CREDIT CARD MAILED CHECK

BUSINESS OFFICE APPROVAL: _____ DATE: _____

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