



Public Schools of the Tarrytowns

ACTIVITY REFUND REQUEST

Please complete all of the questions listed below to facilitate processing of your refund request. Incomplete information may delay your refund.

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Student Name: _____

Activity/Trip: _____

Refund Request Reason: _____

Requested Refund: \$ _____

Payment Method:

☐

Please Check one

Check

☐

Credit Card

Event Coordinator: _____

Signature Required

For Event Coordinator Use Only

Budget Code: _____

Activated Date: _____

Deactivated Date: _____

Check Number: _____

Check Date: _____

CC Refund Date: _____

CC Confirmation #: _____

**Event Coordinator MUST attach a copy of original payment.
(i.e. a copy of the check or a receipt of CC payment)**