



### REFUND REQUEST

#### INSTRUCTIONS

Please complete the form and submit original to the Treasurer's Office. Please keep a copy for your records.

DATE \_\_\_\_\_

I hereby request a refund from the Hudson City School District in the amount of \$\_\_\_\_\_ for the following reason:


#### REQUESTOR'S INFORMATION

STUDENT NAME  
(IF APPLICABLE) \_\_\_\_\_

MAKE CHECK PAYABLE TO  
(PLEASE PRINT) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
Street City, State Zip

SIGNATURE OF REQUESTOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

#### DEPARTMENT/BUILDING USE ONLY

RECEIPT NUMBER \_\_\_\_\_ RECEIPT DATE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

ADMIN. APPROVAL \_\_\_\_\_ DATE APPROVED \_\_\_\_\_

#### TREASURER'S OFFICE USE ONLY

CHECK NUMBER \_\_\_\_\_ DATE PAID \_\_\_\_\_