



Refund Request Form

Directions:

Parent/guardian, please fill out the top portion of this sheet and return it to your student's building secretary.

Student Name: _____ Request Date: _____ School: _____

Refund Type: ASB Library Nutrition Services Technology Other _____

Refund, transfers or donation information:

Transfer to sibling/relative
Name of receiving student: _____

Donate to student or group of students in need
Total to donate: \$ _____

Pay toward other fines
Total Amount: \$ _____

Request a refund
Amount Requested: \$ _____

I, _____ understand that any fees or fines will be deducted before a refund is made.
(Parent/Guardian Signature)

Refunds will be applied back to the credit card if applicable or a check will be mailed from the District Business Office.

Refund payable to (PLEASE PRINT): _____

Address for CHECK refunds only: _____

Below to be filled out by school staff – This is a REQUIRED section.

Building Level: Complete form and keep a copy for your file.

Payment Type: Donate/Transfer Check/Cash Payment Credit CardOriginal Receipt Number: _____ (receipt attached) Refund Approved by _____
(Building Secretary/Bookkeeper/Registrar)**ASB Refunds only:**

The following student/person _____ at (location) _____ is entitled to a refund.

ASB Officer approval: _____

Primary Advisor approval: _____

Central Treasurer approval: _____
(Print) (Signature)**Below to be filled out by the District Business Office**Total to be refunded or transferred: _____ Check Credit Card – Auth. Code: _____

| <u>General Fund Code</u> | <u>Amount</u> |
|--------------------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| <u>ASB Fund Code</u> | <u>Amount</u> |
|----------------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

District Business Office Approval: _____ Date: _____

Before forwarding completed form to the District Business Office, AR, make sure:

- ✓ Library notified of pending refund
- ✓ Any outstanding fines are listed to be deducted from the refund
- ✓ Supporting documentation is attached including ASB approval

Household Fine/Fee Cleared

OK to issue refund

Submitted to AP for payment _____