WACO INDEPENDENT SCHOOL DISTRICT

RevTrak Refund

Campus Name: _____ Date: _____

Class Name/Group: _____

Student Name & ID#: _____

Name on Credit Card of Original Purchaser: _____

Reason for Refund (student moved, no longer in club/group, does not need)

Amount of Original Purchase (without service fee): $_____

Amount of Refund (service fees are **NOT REFUNDED**): $_____

Was original purchase taxable? Yes or No Date of Purchase: _____

Original TEAMS Batch #: _____ Receipt #: _____

Please list the Fundraiser # and/or Daily Deposit Summary ID#: _____

Name of Sponsor: _____ Sponsor Approves? Yes or No

Revenue Acct.: _____ Expenditure Acct: _____

Sponsor Signature: _____ Date: _____

Secretary Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Secretary/Bookkeeper: once completed (failure to complete in full will delay refund), please submit to Account Receivable Specialist

Acct Receivable Signature: _____ Date: _____

Revised 07/24/2023