Student refund application

A refund can only be made to the person who made the original payment. Refunds can only be made back to the original card for POP and EFTPOS.

Name of the person requesting the refund: _____

Address: _____

Suburb: _____ State: _____ Postcode _____

Student's first name: _____ Student's last name: _____

Class: _____ Scholastic Year: _____

Original payment for: _____

Date: _____ Amount: $_____ Receipt number: _____

Original payment method: POP   EFTPOS   Cheque   Cash

Reason for refund: _____

Refund method*:   POP   EFTPOS   EFT

If EFT, Bank: _____ Account name: _____ BSB: _____ Account number: _____

* These are currently the only refund methods available. Use EFT instead of cheque or cash.

Parent/carer signature: Date:

SCHOOL OFFICE USE ONLY

Request for refund approval by: (Name) _____ (Title) _____ Date: _____

Approved By Delegated Officer: (Name) _____ (Title) _____ Date: _____

Processed in ebs4 Cash Desk by: (Name) _____ (Title) _____ Date: _____

EBS4 Refund Receipt Number R_____ Quickmatch Refund Receipt No. _____ (if applicable)