|  |  |
| --- | --- |
| **Client Name** |  |
| **Signature** |  | **Date** |  |
| **Postal Address** |  |
| **Suburb** |  | **Postcode** |  |
| **Course Code** |  |
| **Reason for Request** |  |
| **Amount to be refunded** | $ |
| **Original Receipt #** |  | **Date of Receipt** |  |
| **Approved by Accounts Signature** |  |
| **Type of payment** | * Cheque
* Credit Card reimbursement
* Debit Card reimbursement
* EFT
* Direct Deposit
 | **Date Paid** |
| **Date Issued** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Refund entered into Accounts System** | **YES / NO** | **Date:** |  |