

CHARDON REQUEST FOR REFUND FORM

Send completed and signed form to the Treasurer's Office via interoffice mail, or via email to deb.armbruster@chardonschools.org . If the original payment was made via check, a copy of the check should be attached to this form:

REFUND TO: _____
Name (please print)

Please note that the name entered here is the person to whom the check will be issued. This should be a parent or guardian, or other adult who made the original payment. If the original payment was made via check, the refund should be issued to the name and address on the check.

ADDRESS: _____

SIGNATURE: _____ **DATE:** _____

AMOUNT: _____

REVENUE ACCOUNT: _____ - _____ - _____ - _____ - _____
Fund Recpt SPCC Subject OPU
(3 digits) (4 digits) (4 digits) (6 digits) (3 digits)

ORIGINAL RECEIPT #: _____

REASON: _____

EMPLOYEE AUTHORIZING REFUND:

Name (Please print)

Signature

Date