



School Name: _____

Club Name: _____

Refund Check Request Form

Date: _____

Student Name: _____

Requested By: _____ Relationship to Student: _____

Reason for Request: _____

Parent/Guardian Signature: _____

Payable to/Mail Check to:		
(Name) _____		
(Street) _____		
(City) _____	(State) _____	(Zip) _____

Item(s) being refunded: _____

Total Amount of Refund: \$ _____

ASB: APPROVED DENIED

ASB LEADERSHIP USE ONLY

Original Payment	Authorization
Amount: \$ _____	ASB Meeting Date: _____ Assigned Check #: _____
Date: _____	ASB Student Representative: _____
Method: CASH	ASB Advisor: _____
CHECK # _____	Principal/Admin: _____
CREDIT/DEBIT	