



# Smithfield State High School

## REQUEST FOR REFUND

**STUDENT NAME:** \_\_\_\_\_

**STUDENT YEAR:** \_\_\_\_\_

**PARENT/CARER NAME:** \_\_\_\_\_

**CONTACT PHONE:** \_\_\_\_\_

**REASON FOR REFUND:** \_\_\_\_\_

\_\_\_\_\_

I understand and agree that:

- A refund may not be made to me or be made in full, having regard to the associated expenses already incurred by the school.
- My details will be kept confidential and will not be used for any other purpose.
- I request my refund be made:
  - as a credit against my family's account at the school; or
  - to my bank account via electronic funds transfer (EFT) (please complete details below).

**PARENT/CARER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

(School use only)

<b>Original Invoice No:</b>	<b>Amount received:</b>
<input type="checkbox"/> <b>Approved</b>	<b>Refund amount: \$</b>
<input type="checkbox"/> <b>Not approved</b>	
<b>Signature of Approver:</b>	
<b>Date:</b>	