



Smithfield State High School

Request for Refund

Student Name:

Year:

Parent/Carer Name:

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 sibling account at the school;

To my bank account via electronic funds transfer (EFT). Please complete details below.

- Please cancel automatic deductions (BPoint/Centrepay)

BSB Number:	
Account Name:	
Account Number:	
Parent/Carer Signature:	
Date:	

School Use Only

Original Invoice No:	Amount received:	
<input type="checkbox"/> Approved	Refund amt:	Ex GST
<input type="checkbox"/> Not approved	Date:	
Signature of Approver:	PR#	
Comments		