

			REQUEST FOR		
,	as parent/caregiver of			(student name) in	
rear		,request a refund of \$	paid for		
					(activity)
reques	st a refund	d for the following reason			
unders	stand and	agree that:			
1.		may not be made to me or be made in fu nd the school's refund guidelines provide		sociated expenses already i	ncurred by the
2.	the scho	ol receipt for the original payment is	attached 🛛	not attached	(please tick)
3.	3. my details will be kept confidential and will not be used for any other purpose				
4.	my refur	nd be made			
 as a credit against my child's account at the school; or 					
 to my bank account via electronic funds transfer, EFT. (please complete details below) or 					
	 to my credit card if used for the original payment (please complete details below) 				
	Signatu	re:	(parent/Caregive	er) Date: <u>/</u>	1
Please	e tick prefe	rred method of refund			
		Credit to my student's account			
For EFT		For EFT refund: Please provide: BSB:	Account No:	Account	Name
		For Credit Card Refund: Card Details	Card Type: MasterCard 🗆] Visa 🗆	Bank Card 🗆
		Card Number		Expiry Date	
Office Use Only - Authorisation/Processing					
Original Receipt Number: Amount Receipted: \$					
		Refund Approved Amount A	pproved: \$	🗆 Not A	pproved
s	ignature:		HOD DP D	BSM 🗆	
s	ubCC / GL	& Product Code:	/		

Narangba Valley State High School

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