

**[School Name]**

[Street Address]

[City, State, Zip]

[Phone/Email]

**REFUND INVOICE**

Date: \_\_\_\_\_

Reference #: \_\_\_\_\_

**Payable To:**

[Parent/Guardian Name]

[Student Name & ID]

[Address]

**Payment Details:**

Method: [Check / Wire / Credit]

Term: [Semester/Year]

Description of Refund	Original Amount	Refund Amount
Tuition Fees	\$0.00	\$0.00
Enrollment / Facility Deposits	\$0.00	\$0.00
Extracurricular / Lab Fees	\$0.00	\$0.00
Other: _____	\$0.00	\$0.00

Subtotal: \$0.00

Administrative Deductions: (\$0.00)

Total Refund: \$0.00

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**Note:** Refund processed per school withdrawal policy. Please allow 7-10 business days for funds to settle.

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Registrar Signature

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Bursar/Finance Approval