

**[School Name]**

[Street Address]  
[City, State, Zip]  
[Phone Number]

## REFUND RECEIPT

Date: \_\_\_\_\_  
Refund #: \_\_\_\_\_  
Original Invoice: \_\_\_\_\_

### REFUND ISSUED TO

Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

### STUDENT INFORMATION

Student Name: \_\_\_\_\_  
Student ID: \_\_\_\_\_  
Grade Level: \_\_\_\_\_

Description of Fees Refunded	Original Amount	Refund Amount
[e.g., Tuition - Semester 2]	\$	\$
[e.g., Lab/Activity Fees]	\$	\$
[e.g., Transportation Fee]	\$	\$

Subtotal Refund: \$ \_\_\_\_\_  
Adjustment/Fees: \$ \_\_\_\_\_

TOTAL REFUND: \$ \_\_\_\_\_

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

**REFUND METHOD** \_\_\_\_\_

Check #[\_\_\_\_\_]    Credit Card    ACH/Wire

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For accounting inquiries, please contact the Bursar's Office at [Email/Extension].