

[SCHOOL NAME]

[Street Address]
[City, State, Zip Code]
[Phone Number] | [Email/Website]

REFUND INVOICE

Refund #: _____

Date: _____

REFUND TO:

[Parent/Guardian Name]
[Student Name] - ID: [000000]
[Address Line 1]
[City, State, Zip]

PAYMENT DETAILS:

Original Invoice #: _____
Original Payment Date: _____
Method: [Check/Card/Transfer]

Description of Fees	Original Amount	Refund %	Refund Total
Tuition Fees	\$0.00	0%	\$0.00
Enrollment/Registration Fees	\$0.00	0%	\$0.00
Lab/Extracurricular Fees	\$0.00	0%	\$0.00

Description of Fees	Original Amount	Refund %	Refund Total
Transportation/Meal Plan	\$0.00	0%	\$0.00

Subtotal Refund: \$0.00

Administrative Deductions: (\$0.00)

TOTAL REFUND: \$0.00

Reason for Refund: _____

Notes: All refunds are processed in accordance with the [School Name] Tuition Refund Policy. Please allow 7-14 business days for processing.

Authorized Bursar Signature

Date Approved