

REFUND INVOICE

[School Name]
[Address Line 1]
[City, State, Zip]

Refund #: _____
Date: _____
Original Ref #: _____

STUDENT INFORMATION

Name: _____
Student ID: _____
Grade/Level: _____

PAYEE INFORMATION

Name: _____
Method: Check Card Wire
Reason: _____

Description of Fees	Original Paid	Refund %	Refund Amount
Registration/Tuition Fee	\$	%	\$
Laboratory/Activity Fees	\$	%	\$
Other: _____	\$	%	\$

Subtotal Refund: \$ _____

Processing Fee: - \$ _____

Total Refunded: \$ _____

Authorized Signature

Date

Notes: Refunds are processed within 14 business days. Please contact the Bursar's Office for inquiries regarding this transaction.