

REFUND REQUEST FORM

Student's Name: _____

Parent's First Name: _____ Parent's Last Name: _____

Is the parent an employee of CUSD? Yes No

Address: _____

Telephone: _____

Reason for Refund:

Total Charge \$ _____

Amount Paid \$ _____

Form of Original Payment: Cash, check or money order (Refund will be issued through Accounts Payable)
 Credit or debit card (Refund will be issued electronically)

Total Refund \$ _____

Account Code _____

Site _____

Employee Signature

Date

Site Administrator Signature

Date

Please forward the completed form with applicable receipts to Cindy Clarke

Cash, check or money order transactions – copy of transaction receipt and copy of refund receipt

Credit or debit card transactions – copy of transaction receipt