

/
Attach receipt

Amberley District State School
Parent/Guardian Request for Refund



37 Deebing Creek Road
Yamanto Q 4305

REQUEST FOR A REFUND/CREDIT

STUDENTS NAME		CLASS	
DATE			
NAME OF ACTIVITY			
AMOUNT TO BE REFUNDED			
REASON FOR REFUND		
ADDRESS		
Phone:	 Suburb _____ Postcode _____	
PAYMENT OPTION <i>(please tick one)</i>		<input type="checkbox"/> EFT Transfer <i>(please fill in details below)</i> <input type="checkbox"/> Credit Balance on Student's Account	
BSB (Bank/Branch)		___ / ___	
Bank Name			
Bank Address			
Account Number		_____ (max 9 digits)	
Account Name			
Preferred Advice Method		Email <input type="checkbox"/> Post <input type="checkbox"/>	
Your Email Address <small>(if receiving EFT Remittance Advice by Internet)</small>			
Signed		Parent/Guardian	
Approved By		Business Services Manager	
Office Use Only			
		Invoice no. Transaction no.	
		Amount	
Date	SubCC _____		GL Account _____