	STUDENT R	EFUND APPLIC	ATION (SCHOOL)	
Please Note: refund ca			ginal payment and only i	n the method the payment was
Name of person requesting	refund:			
Student's First Name:		Student's Surna	me:	
Class:				
Payment for:				
Date of Payment:			Receipt No:	
Reason for Refund:				
the appropriate box	c: POP (Parent on line s are returned via the	ent please indicate payment)	below how the activ	ity was paid for: please tick eFPT GH, for CASH payments
BANKING DETAILS (EFT)				
Account Name:			Account No:	
Bank:	BSB:			
Name of Payee: Address: State / Postcode				
		OFFICE USE ON	ıv	
		AUTHORISATIO		
As required by S12 / S13 of the Pl Clause 170.01 of the Treasurer's I this expenditure has been given	Directions, \$12 (MO23) approval	Name of S12 Deleg for Signature:	gate:	
9	ned in accordance with Clause 19		~	12 of the PF&A Act. And that adequate nent of the attached accounts in accordance
S13 Authorising Officer pos	ition number:		Date:	
Officer's Name and Signatu	re:			
PROCESSED BY				
Name:				
Payment Method	Completed FT	Date	Completed ebs	Date
			ebs	
ı	Signati	ure		