

STUDENT REFUND APPLICATION (SCHOOL)

Please Note: refund can only be made to the person who made the original payment and only in the method the payment was originally made

Name of person requesting refund: _____

Student's First Name: _____ Student's Surname: _____

Class: _____ Scholastic Year: _____

Payment for: _____ Amount: \$ _____

Date of Payment: _____ Receipt No: _____

Reason for Refund: _____

Refund Method

EFT Please provide banking details in space provided

BANKING DETAILS (EFT)

Account Name: _____ Account No: _____

Bank: _____ BSB: _____

Name of Payee: _____

Address: _____

State / Postcode _____

OFFICE USE ONLY

AUTHORISATION

As required by S12 / S13 of the PF&A Act, and in accordance with Clause 170.01 of the Treasurer's Directions, S12 (MO23) approval for this expenditure has been given by

Name of S12 Delegate: _____

Signature: _____

S13 DECLARATION: Having satisfied myself that this expenditure has been approved by an Officer Delegated under Section 12 of the PF&A Act. And that adequate certifications have been performed in accordance with Clause 190.01 of the Treasurer's Directions, I hereby authorise payment of the attached accounts in accordance with Section 13 of the Public Finance and Audit Act, 1983.

S13 Authorising Officer position number: _____ Date: _____

Officer's Name and Signature: _____

PROCESSED BY

Name: _____

Payment Method	Completed	Date	Completed	Date
<input type="checkbox"/> EFT			<input type="checkbox"/> ebs	

Signature _____