

Refund Request Form

Refund No.

Section 1 – Client Details

Name:		Date:	/ /
Contact Tel:		Mobile:	
Email:			
Course:		Course Date:	/ /

Section 2 – Refund Details

I request a refund for the following:

Invoice Number:	
Amount:	\$
Reason: (Please attach any supporting documentation)	

Acknowledgement

I understand that my request for a refund will be processed in accordance with Youth Projects Refund Policy.

Signature		Date:	/ /
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Section 3 – Authorisation

Please tick the type of Refund:

- Withdrawal Cancellation
 Transfer Other (please specify)

This Refund amount is :

- APPROVED DENIED ADJUSTED TO \$

Comments/ Reason for decision / Calculations of Refund

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Refund Method is :

- EFT / CCard Cheque Credit to Corporate Account

Signed:		Position:	
Print Name:		Date Processed:	

Admin Use Only

Logged in Refund Register:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/ /
Logged By:			Signature:	
Formal Letter/Email Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/ /
Sent By:			Signature:	