

STUDENT REFUND APPLICATION (SCHOOL)**Please Note:** refund can only be made to the person who made the original payment.

Name of person requesting refund: _____

Address 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**

- CREDIT to outstanding fees
- CREDIT to family account
- EFT please provide account details in space provided
- CHEQUE please provide cheque details in space provided

BANKING DETAIL EFT: (Please note that payments made online will be refunded back into the same account)

Account Name: _____ BSB: _____

Bank: _____ Account No: _____

CHEQUE DETAILS

Name of Payee: _____

APPROVAL OF ORGANISING TEACHER**Name:** _____**Signature:** _____**AUTHORISATION****Name of S12 Delegate:** _____

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

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:** _____**Signature:** _____**Date:** _____**Payment Method**

- FEES
- CREDIT
- EFT
- CHEQUE

POP PAYMENT REFUNDCancel Balance of Fees