ST JOHN PAUL COLLEGE

REQUEST FOR REFUND

Please complete the details below:

Refunds will be by EFT (direct deposit) only, no cash refunds given.
Please allow 10 days for refund to be processed.

Student name: …… Homeroom: ….....

Amount: ……

Excursion/Event: ……Excursion Code (if known): ……

Reason for refund: ……..

……

……

Electronic funds transfer (EFT)

Account Name: ……

BSB: ……

Account Number: ……..

Bank/Credit Union: ……

……

Parent/Guardian Name: ……Date:……...

Contact Phone Number: ……

Email Address (for notification of EFT Payment): ……

Address: ……

Parent/Guardian Signature: ……

Office use only
Excursion code:…… Refund Approved by(Teacher/LOL):……
Original receipt attached:…… Date processed:……
Original receipt number:…… Processed by:……

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