Name of the person requesting the refund:

Student refund application

A refund can only be made to the person who made the original payment. Refunds can only be made back to the original card for POP and EFTPOS.

Address:				
Suburb:				
		Student's last name:		
Class: Scholastic Year:				
Original payment for:				
Date: Amount: \$				
Original payment method: POI	P EFTPOS	Cheque	Cash	
Reason for refund:				
Refund method*: POP	EFTPOS	EFT		
If EFT, Bank:	_ Account name:			
BSB: Account number	·			
* These are currently the only refund method Parent/carer signature:	s available. Use EFT inst	ead of cheque o	or cash.	
SCHOOL OFFICE USE ONLY				
Request for refund approval by: (Name)	(Title)	Date:	·	
Approved By Delegated Officer: (Name)	(Title)	Date	:	
Processed in ebs4 Cash Desk by: (Name)	(Title) _	D	ate:	
EBS4 Refund Receipt Number R				
Quickmatch Refund Receipt No. (if applicable)				
			*	

