



**EMPOWERING STUDENTS
FOR
GLOBAL SUCCESS**

_____ School

REQUEST FOR REFUND INVOICE

(Ex. Fieldtrips, Afterschool Care, etc.)

Date _____

Please issue a check to:

(Student's Name) _____

(Teacher's Name) _____

(Parent's Name / Address) _____

Amount: \$ _____ for the purpose of: _____

Requested By: _____ Date: _____

Approved By Principal _____ Date: _____

Verified by Bookkeeper _____ Date: _____

Funding Account # _____

**** All Refunds will be processed by the school. If you do not fill out a request for refund by May 24, 2020, your refund will act as a donation.**