

MOURA STATE HIGH SCHOOL

Strive today to build tomorrow



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Refund Request

I, _____, being the parent/carer of _____ in Year _____,
request a refund of \$_____ paid for _____ (activity) due to

I understand and agree:

Fees already paid for the extra-curricular activity may be refunded:

- in full
- in part or not at all (if associated expenses have already incurred). *Bus costs for excursions are non-refundable.*

Receipt attached:

YES NO

Refund type:

- Credit against my child's school account (**preferred**) Direct Deposit (EFT)
 Credit Card (if original payment method and presented in person)

Parent/Carer Signature Date ____/____/____

Bank Account Details

Account Name: _____

BSB: _____ Account Number: _____

(School Use Only)

Original Receipt Number: _____ Amount Received: \$ _____

APPROVED, Refund Amount Approved: \$ _____ **NOT APPROVED**

Principal/BM Signature Date

If applicable:

- Dummy invoice raised: ____/____/____
- Credit note actioned: ____/____/____
- Parent refund payment made: ____/____/____
- Applied credit to account: ____/____/____