

# ***SCHS REFUND REQUEST***

STUDENT

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

REFUND CHECK TO  
(NAME): \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

ITEM 1	_____	AMOUNT	_____
ITEM 2	_____	AMOUNT	_____
ITEM 3	_____	AMOUNT	_____
		TOTAL \$	_____

REASON FOR  
REFUND: \_\_\_\_\_

PAYMENT CK #  
To be completed by  
ASB Clerk

DATE CHECK  
CLEARED  
To be completed by ASB  
Clerk

**SIGNATURE** \_\_\_\_\_