

# Cedar Rapids Community School District

## Refund Request Form

School: \_\_\_\_\_ Date: \_\_\_\_\_

Requested by: \_\_\_\_\_

Amount: \_\_\_\_\_ Account Number: \_\_\_\_\_

Pay to: \_\_\_\_\_

For: \_\_\_\_\_

\_\_\_\_\_

Mail Check to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized by: \_\_\_\_\_

Title/Date: \_\_\_\_\_

*Authorized Signature Required from the Facility/Department Administrator*

### Accounting Department

### Notes:

Check #: \_\_\_\_\_

Date Check Mailed: \_\_\_\_\_

Completed By: \_\_\_\_\_

Requester: Complete the top of the form; attach supporting documentation including a copy of the original receipt, and send to Accounting.

Accounting: Complete the bottom of the form; file originals with the check copy, and return a copy of the Refund Request Form to the requester.