

Cedar Rapids Community School District

Refund Request Form

School: _____ Date: _____

Requested by: _____

Amount: _____ Account Number: _____

Pay to: _____

For: _____

Mail Check to: _____

[REQUIRED] (PHONE): _____

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.