Merimbula Public School

7. STUDENT REFUND APPLICATION (SCHOOL)

Please Note: refund can only be made to the person who made the original payment

Name of person requesting refund: _____

Student's First Name: _____	Student's Surname: _____	
Class: _____	Scholastic Year: _____	
Payment for: _____	Amount: $ _____	
Date of Payment: _____	Receipt No: _____	

Reason for Refund: _____

Refund Method

☐   **EFT** Please provide banking details in space provided

BANKING DETAILS (EFT)

Account Name: _____	Account No: _____
Bank: _____	BSB: _____

Student/Parent Address: _____

_____ **Post Code** _____ **State** _____

OFFICE USE ONLY

AUTHORISATION

As required by S12 / S13 of the PF&A Act, and in accordance with Clause 170.01 of the Treasurer's Directions, **S12** (MO23) approval for this expenditure has been given by

Name of S12 Delegate:

Signature:

S13 DECLARATION: Having satisfied myself that this expenditure has been approved by an Officer Delegated under Section 12 of the PF&A Act. And that adequate certifications have been performed in accordance with Clause 190.01 of the Treasurer's Directions, I hereby authorise payment of the attached accounts in accordance with Section 13 of the Public Finance and Audit Act, 1983.

S13 Authorising Officer position number: _____   Date: _____

Officer's Name and Signature: _____

PROCESSED BY

Name: _____

Payment Method	Completed	Date	Completed	Date
☐ **EFT**			☐ ebs	_____

Signature _____

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