7.   STUDENT REFUND APPLICATION (SCHOOL)

Name of Person requesting refund: _____

Student's First Name: _____   Students 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 below

BANKING DETAILS (EFT):

Account Name: _____

Account No: _____BSB: _____

Bank: _____

Student/Parent Address: _____
_____

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 (M023) 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 certification has 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.

PROCESSED BY:

Name: _____

Processed Date: _____

PO Box 48
Merimbula NSW 2548
Ph: 64951266   FAX: 64953239
merimbula-p.school@det.nsw.edu.au

NSW GOVERNMENT | Education

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