



KyreneSchoolDistrict
Refund Request

Date of Request: _____
 Return Check to: _____ Requester
 _____ Payee

Refund Information

Vendor/Individual Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Funding Code

Fund	Program	Function	Object	Unit	Course	Project

Description of Refund

Amount of Refund

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Refund Amount

\$

Type of Refund (check one):

- Tuition Based Program
- Library Book
- Food Services
- Tuition Reimbursement
- Other: _____

Requester: _____

Date: _____

Authorization: _____

Date: _____

Requester must attach appropriate back up materials (i.e., receipt, class cancellation, etc.)
 Forward request to Ann Moxley, Mail Stop 1A