STUDENT REFUND REQUEST

EDISON LOCAL SCHOOL DISTRICT

DATE: _____

STAFF

1. FILL OUT FORM
2. ATTACH ANY DOCUMENTS/RECEIPTS PERTAINING TO REFUND
3. SUBMIT FORM TO ACCOUNTS PAYABLE DEPT (TREASURER'S OFFICE)

ACCOUNTS PAYABLE

4. CREATE VENDOR
5. CREATE PO
6. ISSUE REFUND

VENDOR (COMPLETE ALL)

PARENT NAME: _____ REQUESTED BY (EX: COACH): _____

ADDRESS: _____ APPROVED BY (EX: ATHLETIC): _____

CITY/STATE/ZIP: _____ ACCOUNT TO REFUND: _____

PARENT EMAIL: _____ PARENT PHONE: _____

Student Name	Description	Total $

TREASURER'S OFFICE USE ONLY

Vendor # _____ Check # _____ Refund #_____