

**REFUND REQUEST****INSTRUCTIONS**

Please complete the form and submit original to the Treasurer's Office. Please keep a copy for your records.

DATE \_\_\_\_\_

I hereby request a refund from the Hudson City School District in the amount of \$\_\_\_\_\_ for the following reason:

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**REQUESTOR'S INFORMATION**STUDENT NAME  
(IF APPLICABLE) \_\_\_\_\_MAKE CHECK PAYABLE TO  
(PLEASE PRINT) \_\_\_\_\_MAILING ADDRESS \_\_\_\_\_  
Street City, State Zip

SIGNATURE OF REQUESTOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**DEPARTMENT/BUILDING USE ONLY**

RECEIPT NUMBER \_\_\_\_\_

RECEIPT DATE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

ADMIN. APPROVAL \_\_\_\_\_

DATE  
APPROVED \_\_\_\_\_**TREASURER'S OFFICE USE ONLY**

CHECK NUMBER \_\_\_\_\_

DATE PAID \_\_\_\_\_