



**Park Orchards  
Community House  
& Learning Centre**

## REFUND REQUEST

### REFUND REQUEST

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Course Name: \_\_\_\_\_

Reason(S) for Refund:

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Staff Use Only

### REFUND AUTHORISATION

Original Amount Paid \$ \_\_\_\_\_ Amount to Be Refunded \$ \_\_\_\_\_

Method of Original Payment:

Cash      Credit Card      Holding      Direct Debit      Online      PD/SB

Staff Member's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authoriser's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REFUND PROCESSING RECORD

Method of Refund:      Credit Card      Holding      Direct Debit      Cash      Online Reversal

Cash received Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BSB: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_ ACCOUNT NAME: \_\_\_\_\_

Refund processed by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Entered into VETtrak/Xplor by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*All Forms must be accompanied by a printed receipt from VETtrak/Xplor*