

Program Refund Request

Member Name: _____

Phone Number: _____

Program 1

Name: _____

Start Date: _____

Time: _____

Program 2

Name: _____

Start Date: _____

Time: _____

Program 3

Name: _____

Start Date: _____

Time: _____

Program 4

Name: _____

Start Date: _____

Time: _____

Request Reason:



Office Use

Date Submitted: _____

MSC Report Attached: Yes

Sage Credit Note Attached: Yes

Class Status: _____

Refund: _____ - _____ = _____

Total Fees - Admin Fee = Cheq Amount

Approval:
Expense:
Allocation:
Invoice Inputted:
Chq Inputted:
Payment Date:
Chq Number:
Signer's Initials
Signer's Initials
Notes:

Payment Sent by: _____

Payment Sent date: _____