*ECBOE FIELD TRIP REFUND REQUEST FORM*

SCHOOL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIELD TRIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEACHER’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUND PAYABLE TO: *(Must have this information to issue the refund and needs to be legible and accurate as this is where the refund will be sent)*

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*If you would like to fees to be deducted from your refund, please sign here:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

*Signature Date*

*\*\*ALL FEES MUST BE PAID BEFORE RECEIVING YOUR DIPLOMA\*\**

**\*\*PLEASE NOTE THAT ALL REFUNDS WILL BE PAID IN THE FORM OF A SCHOOL CHECK\*\***

Refund Check mailed: \_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

**-----------------------------------------------------------------------------------------**

Office Use Only:

Receipt #: \_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_