



# Woodcrest State College

P-12 Seamless Education

## REQUEST FOR REFUND

(Parent to Complete)

<b>Student Name</b>		
<b>Parent Name</b> (must be debtor of the account)		
<b>Address</b>		
<b>Reason for Request</b>	<b>Y / N</b>	<b>Name of Activity</b>
<b>Non-Attendance on Excursion</b>		
<b>Excursion Cancelled</b>		
<b>Other</b>		

I understand and agree that a refund may not be made to me or be made in full or in part, having regard to the associated expenses already (resources not returned & unpaid invoices deducted) incurred by the school, and the school's refund guidelines provided to me.

- ☐ as a credit on student or sibling account at the school;
- ☐ as a credit on student or sibling account and offset against the following invoices:  
invoice number/s: \_\_\_\_\_
- ☐ the refund amount is \$25.00 or over and I would like this deposited into to my bank account via electronic funds transfer (EFT) (please complete details below).

Signature of Parent/Carer

Date

Please return this form either in person at Campus Administration or to [accounts@woodcrestsc.eq.edu.au](mailto:accounts@woodcrestsc.eq.edu.au)  
Please ensure you attached supporting documents such as receipts showing payment and medical certificate if needed.

### Bank Account Details

<b>Account Name</b>	
<b>BSB</b>	
<b>Account Number</b>	
<b>Bank</b>	
<b>Branch</b>	
<b>Address</b>	

REQUEST FOR REFUND

Office Use Only

Student Name		
Excursion/Event		
Staff Organiser		
Refund Amount	\$	
Invoice Number		
Payment in advance made to venue	<input type="checkbox"/> (No refund)	
Oneschool reports attached	<input type="checkbox"/> Open payments <input type="checkbox"/> Closed invoices <input type="checkbox"/> Original invoice <input type="checkbox"/> Reprint receipt	
Refund authorised by Organiser	<input type="checkbox"/> Yes (Attach confirmation from Organiser) <input type="checkbox"/> No	
Authorised – Business Manager		Date
Authorised – Principal		Date
C/N Order #	Date	
<input type="checkbox"/> CREDIT BALANCE		
<input type="checkbox"/> Credit Balance processed <input type="checkbox"/> Credit offset against invoice number/s	Date	
<b>OR</b>		
<input type="checkbox"/> EFT – Remittance ID	Date	
<input type="checkbox"/> Details entered on Refund Spreadsheet		