Pallara State School

Request for Refund

Parent/Carer to complete

Parent/Carer Name (must be debtor of the account)	
Student Name	
Class	
Refund Amount	$
Paid for	
Reason for Refund	

I understand that:

- A refund may not be made to me or be made in full or in part, having regard to the associated expenses already incurred by the school, and the school's refund guidelines provided to me.
- The receipt for the original payment is attached: YES NO (Please circle)
- My details will be kept confidential and will not be used for any other purpose.
- My refund be processed:

☐ As a credit against my child's account at the school; or

☐ To my bank account (please complete bank account details below)

Signature of Parent/Carer _____ **Date** _____

Bank Account Details

Account Name	
BSB	
Account Number	

Phone: 07 3727 4222

Address: 39 Ritchie Road, Pallara QLD 4110

Email: admin@pallarass.eq.edu.au

Queensland Government

Pallara State School

Office Use Only

Original Receipt Number	
Amount Receipted	$
Original Pay Method	
Invoice Number	

☐ **Approved** ☐ **Not Approved**

Refund Amount	$
Principal Signature	
Date	

Refund Processed

Bank Details Entered Date	
Refund Processed Date	
Refund Sales Order Number	
Administration Officer	
Payment Run Date	

Phone: 07 3727 4222

Address: 39 Ritchie Road, Pallara QLD 4110

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