

Request for Refund

ATTENTION: Pike-Delta-York Local Board of Education Treasurer's Office

A refund check is hereby requested for the following person:

Vendor #: _____

Student Name: _____

Parent Name: _____

Address: _____

City/State: _____

Zip Code: _____

Amount of Refund: _____

Account deducted from fund: _____

Reason for refund: _____

Originator's Signature

Building

Date

