

# REQUEST FOR REFUND



Customer/Team/Company Requesting Refund:

Address:

City/State:

Zip Code:

Phone Number:

Facility from Which Refund is Requested:

Rental Date or  
Program:

Payment  
Amount:

Payment Method  
(Cash, Check, Money Order, Credit Cards)

Detailed Reason for Refund:

Customer Signature \_\_\_\_\_

Date: \_\_\_\_\_

*All refunds are minus 10% administrative fee*

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Information below completed by P&R staff

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Refund Amount

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Information below completed by Accounting.

Date of Original Payment:

Date Refund Requested:

Total Amount Paid:

Total Amount  
Deducted

Total Amount of Refund to be Paid:

GL Account: