



# REFUND REQUEST FORM

DATE: \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

COMMITTEE: \_\_\_\_\_

ITEMS PURCHASED:

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

AMOUNT REQUESTED: \$ \_\_\_\_\_

**COMMITTEE CHAIR ONLY:**

EVENT TITLE: \_\_\_\_\_

APPROVED TOTAL AMOUNT: \$ \_\_\_\_\_

COMMENTS:

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

CHAIR'S SIGNATURE

\_\_\_\_\_  
(REQUIRED)

(IF OVER \$100)

\_\_\_\_\_  
("A" / "B" SIGNATURE)

(IF OVER \$500)

\_\_\_\_\_  
("D" SIGNATURE)

<u>ΔX ΔX ΔX ΔX</u>	TREASURER USE ONLY	<u>ΔX ΔX ΔX ΔX</u>
DATE PAID _____ / _____ / _____	VETO: <b>YES</b> <b>NO</b>	
CHECK NUMBER _____	TREASURER'S MARK: _____	
TRACKING # _____	_____	
	"A" SIGNATURE (IF VETOED)	