

Revtrak Refund Request

Date: _____

Student Name: _____

Refund Requested by (your name): _____

Name of Item Purchased: _____

Reason for refund **and explanation if refund is less than original amount**

Payment Information:

Original Amount: _____

☐

Check /Cash

Check #

☐

Credit Card

Revtrak/Regwerks Receipt #

Refund Amount: _____

Approval:

Person Requesting (Your name)

Date

Department Director/Campus Principal

Date

Director of Business or Designee

Date

To be completed by Business office:

Account code: _____

Amount: _____

Date: _____

Send Request to Cristina Soriano in the Business Office
cristina.soriano@birdvilleschools.net