

# REFUND CLAIM FORM

(FOR NON TUITION FEE REFUND)

The BU refund policy and accompanying notes are below please read in full as failure to complete the form in full will result in a delay in processing the refund

**IMPORTANT-** Fields marked with asterisk \* are mandatory and must be completed in full.

## Part One - To be completed by applicant (Student)

- |                                                      |                                    |
|------------------------------------------------------|------------------------------------|
| 1. Title (Mr/Mrs/Miss/Ms/Other)                      | 2. Surname/ Family name *          |
| 3. First or Given Name/s *                           | 9. Amount of refund claimed *      |
| 5. The Original payer * <b>See Note 1</b>            | 6. Original Payment Receipt Number |
| 7. Address for cheque to be sent * <b>See Note 2</b> |                                    |

Post Code

13. Reason for claiming refund of fees \*

**DECLARATION - All the information provided on this form is true and correct**

Signature of applicant \*

Date \*

OFFICE USE ONLY

## Part Two - To be Completed by SCHOOL or PROFESSIONAL SERVICE

AUTHORISED - BUDGET MANAGER	Contact Number.....	Amount of refund approved	£
Signature.....	Print.....	Refund due to cancellation by BU / applicant	(please delete as appropriate)

## Part Three - Finance and Performance

Receipt Number	Payment Cleared (Date)
Refund Ref	Credit note

**General Ledger refunds -** Account code Activity code

AUTHORISED - FINANCE OPERATIONS MANAGER(Signature) Amount of refund (Actual)  
£

**Please return this form (together with any releany rey056(e)-5.28820830296iay**