

Refund Request Form

Refund Request Form			Refund No.
Section 1 – Client Details			
Name:		Date:	/ /
Contact Tel:		Mobile:	
Email:			
Course:		Course Date:	/ /
Section 2 – Refund Details			
I request a refund for the following:			
Invoice Number:			
Amount:	\$		
Reason: (Please attach any supporting documentation)			
Acknowledgement			
I understand that my request for a refund will be processed in accordance with LIBERTY INSTITUTE OF HEALTH AND EDUCATION's Policy.			
Signature		Date:	/ /
Section 3 – Authorization			
Please tick the type of Refund:			
Withdrawal	Transfer	Cancellation	Other (please specify)
This Refund amount is:			
APPROVED	DENIED	ADJUSTED TO \$	
Comments/ Reason for decision / Calculations of Refund			
Refund Method is:			



EFT / Check	Direct deposit	Credit to Corporate Account	
Signed:		Position:	
Print Name:		Date	
		Processed:	

Admin Use Only					
Logged in Refund Register:	Yes	No	Date:	/ /	
Logged By:			Signature:		
Formal Letter/Email Sent:	Yes	No	Date:	/ /	
Sent By:			Signature:		