

# 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**