

<b>Refund Request Form</b>			Refund No.(admin):	
<b>Section 1 – Client Details</b>				
Name:		Date:	/ /	
Contact Tel:		Mobile:		
Email:				
Course:		Course Date:	/ /	
<b>Section 2 – Refund Details</b>				
I request a refund for the following:				
Invoice Number:		Amount:	\$	
Reason: (Please attach any supporting documentation)				
<b>Acknowledgement</b>				
I understand that my request for a refund will be processed in accordance with the Corporate First Aid Australia Refund Policy.				
Signature		Date:	/ /	
<b>Section 3 – Authorisation</b>				
Please tick the type of Refund:				
<input type="checkbox"/> Withdrawal		<input type="checkbox"/> Cancellation		
<input type="checkbox"/> Transfer		<input type="checkbox"/> Other (please specify)		
This Refund amount is :				
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DENIED		<input type="checkbox"/> ADJUSTED TO \$
Comments/ Reason for decision / Calculations of Refund				
Refund Method is only by EFT:				
BSB:		Account Number:		
Signed:		Position:		
Print Name:		Date Processed:		
<b>Admin Use Only</b>				
Logged in Refund Register:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/ /
Logged By:			Signature:	
Email Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/ /
Sent By:			Signature:	