Claim for Reimbursement - Student



		ı	BRISBANE	STATE HI	GH SCHOOL	OCI SERVICE SE
l,		 Year re	being equest a i	the refund of	parent/guar	
I understand and agree that having regard to the associand Refund Policy.		•				
Reason			Nan	ne of Ac	tivity	
Non-attendance on exc	ursion					
Excursion cancelled						
Refund of excess credit	t on accoun	t:				
Please enter your	bank accou	unt details in t	he Refun	d sectio	n below.	
A cheque will be p siblings remain at your postal addres	this school					
Other						
I would like a credit appli I would like this deposite BSB: Account Number: Account Name:	d into my b		as follows			
Signature of Parent/G		Dat				
Please return this form to the email to accounts@brisbane			he B Blo	ck Stud	ent Services	Centre or
	OF	FICE USE ON	ILY			
APPROVED BY:						
Name:		Signature:				
Receipt/Inv No (supporting docume						
OneSchool Parent Bank Account L		· <u>-</u>				
	•	by:	·	_	•	
Troiding gonorated on.	, ,	by			nce Officer)	