Refund of Receipt Number:_____

ELMWOOD LOCAL SCHOOL DISTRICT
REFUND OF RECEIPT

Refund Requested by: _____ Date: _____

Supervisor's Approval: _____ Date: _____

Superintendent's Approval: _____ Date: _____

The Following Must be Attached:

- ☐ Letter Authorizing Refund
- ☐ Proof of Payment
- ☐ Original Receipt

Parent or Student Information:

_____

_____

_____

_____

REASON FOR REFUND	AMOUNT

FUND	RCPT	S.C.C.	SUBJECT	O.U.			AMOUNT	TREASURER'S OFFICE
								Receipt Account Verification
								_____
								Treasurer
								Date _____