

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 * See Note 1

6. Original Payment Receipt Number

7. Address for cheque to be sent * See Note 2

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