

REECENICHOLS TRAINING REFUND REQUEST

Date Requested: \_\_\_\_\_

Payee: \_\_\_\_\_

Payee Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount: \$\_\_\_\_\_

Method: (check, credit card) \_\_\_\_\_

Class Description & Date Enrolled: \_\_\_\_\_

Reason for Refund:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Refund requests will be processed monthly on or around the 15<sup>th</sup> of each month**

**Refund requests received after the processing date will be held until the next monthly processing date.**

Authorized by: \_\_\_\_\_

Date Refunded: \_\_\_\_\_

Refunded by: \_\_\_\_\_