Refund Request Form

Refund Request Form	Refund No.
Section 1 – Client Details	

Name:		**Date:**	/ /
Contact Tel:		**Mobile:**	
Email:			
Course:		**Course Date:**	/ /

Section 2 – Refund Details

I request a refund for the following:

Invoice Number:	
Amount:	$

Reason: (Please attach any supporting documentation)

Acknowledgement

I understand that my request for a refund will be processed in accordance with the Creative's New Edge Refund Policy.

Signature		**Date:**	/ /

Section 3 – Authorisation

Please tick the type of Refund:

☐ Withdrawal   ☐ Cancellation

☐ Transfer   ☐ Other (please specify)

This Refund amount is :

☐ APPROVED	☐ DENIED	☐ ADJUSTED TO $

Refund Request Form

Comments/ Reason for decision / Calculations of Refund

Refund Method is :		
☐ EFT / CCard	☐ Cheque	☐ Credit to Corporate Account

Signed:		Position:	
Print Name:		Date Processed:	

Admin Use Only				
Logged in Refund Register:	☐ Yes ☐ No	Date:	/ /	
Logged By:		Signature:		
Formal Letter/Email Sent:	☐ Yes ☐ No	Date:	/ /	
Sent By:		Signature:		