Refund Request Form

TRAINIX

Name	
Email	
Signature	**Date**
Postal Address	
Suburb	**Postcode**
Course Date(s)	
Reason for Request	
Amount to be refunded	$
Original Receipt #	**Date of Receipt**
Bank Account Details	Financial Institution: Account Name: BSB: Account Number:

OFFICE USE ONLY

Approved by Accounts Signature		
Type of payment	Online Payment Merchant (E.g.: PayPal) Credit Card reimbursement Debit Card reimbursement EFT Direct Deposit	**Date Paid**
Date Issued		

Refund entered into Accounts System	YES / NO	**Date:**