

ELK GROVE UNIFIED SCHOOL DISTRICT

ADVANCED PLACEMENT FEE CHECK REQUEST

(to be used at school site)

DATE OF REQUEST: _____ DATE REQUIRED: _____

PAYABLE TO: _____

ADDRESS: _____

DESCRIPTION: Refund of Advanced Placement Exam Fees

(Student Name and Student ID Number)

AMOUNT OF CHECK \$ _____

ACCOUNT CODE: 01-455-2200-0000-0000-0012-0-8699 (AP) \$ _____

REQUESTED BY: _____

APPROVED BY: _____

PLEASE ATTACH COPY OF RECEIPT ISSUED WHEN FEES WERE ORIGINALLY PAID