

TESTING FEE REFUND REQUEST

ELK GROVE UNIFIED SCHOOL DISTRICT - ACCOUNTING DEPT.

This form is to be used only to reimburse AP/PSAT/IB Testing Fees

Valid reasons for requesting reimbursement on this form are:

1. Refund of Testing Fee for test that was cancelled.

** Remember to:

1. Include receipt showing proof of payment and valid address for check to be mailed to.
2. Obtain necessary signatures (coordinator or controller + Admin) before submitting to Budget for approval.

Payable To:

Name _____

Address _____

City, State, Zip _____

For Accounting Use Only:

Vendor # _____

PV # _____

Mail To (if other than above): _____

Address _____

City, State, Zip _____

Reference/Explanation: REFUND OF TESTING FEE

Exam(s) being refunded: _____

ACCOUNT CODE

	FUND	SITE	MGMT	FUNC	GOAL	RESC	YR	OBJECT	AMOUNT
IB	01		2200	0000	0000	9375	0	8699	
PSAT	01		2200	0000	0000	9307	0	8699	
AP	01		2200	0000	0000	0012	0	8699	
TOTAL									

Site Coordinator _____

Site Controller _____

Site Administrator _____

Budget Approval