



## Refund Request Form

20 Hockings Street  
West End QLD 4101  
**RTO:**

### Student/Employer Details

Name of Student/Employer who made the payment:			
Email:		Contact Number:	
Course Enrolled in:		Enrolment Date:	
Amount Paid:		Payment Date:	
Type of Payment:		Invoice Number:	

### Reason for Refund Request (please attach any supporting documentation)


### Bank Account Details for Depositing Refund

Bank Account Name:			
BSB Number:		Account Number:	
Bank Name:			

### OFFICE USE ONLY

Refund Accepted:	YES NO - if no please state reason _____		
Refund Number Issued:		Date Refund Issued:	
Amount Issued:		Transaction Number:	
Authorised By:		Signature:	