



25720 Maple Valley-Black Diamond Road SE • Maple Valley, WA 98038 • (425) 413-3400 • FAX (425) 413-3466
Web address: http://www.tahomasd.us

Refund Request Form

Refund requested by (please print): _____

Student name (please print): _____

School: _____ Amount requested: _____

Reason for request: _____

Parent/Guardian Signature: _____ Date: _____

Please provide the following Payee information:

Checks will be mailed to the address provided below. Please allow 4 – 6 weeks for processing.

Parent/Guardian Name (please print): _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email address: _____

Administrator/Principal Authorization: _____ *Date:* _____

Office Use Only	
Account Code: _____	Amount: _____
Verify original payment <input type="checkbox"/> Receipt# _____	Print & attach POS customer ledger <input type="checkbox"/>
Preparer Signature: _____	Date: _____

Purchase Order Number: _____	
PO Approver: _____	Date: _____