



POTTSBORO ISD
REFUND REQUEST

DATE: _____ Campus: _____

Student Name: _____ Grade: _____

Check payment to: _____

ADDRESS: _____

PHONE: _____

REASON FOR REQUEST: _____

AMOUNT: _____ \$ _____

Signature of Requestor: _____ Date: _____

Email of fax form to: janet.wilson@pottsboroisd.org Fax: 903-786-2020

To be completed by School Official:

Activity Account: _____

Receipt# _____

Approval: _____ Date: _____
Sponsor signature

Approval: _____ Date: _____
Principal signature