

Rutland Recreation & Parks Department Refund Request

Program Name: _____

Date requested: _____

Program Dates: _____

A. Participant Information:

First Name: _____ Last Name: _____

Reason for Refund Request:

B. Person Requesting Refund:

First Name: _____ Last Name: _____

Street or P.O. Box Address: _____

City: _____ State: _____ Zip Code: _____

Phone (H) : _____ (W) _____ (C) _____

Check One: Credit on Household Account : _____ Check _____ Credit Card: _____

Signature (Person Requesting Refund)

Office Use Only

Program Cost: _____ Surcharge Amount: _____ Amount Refunded: _____

Date Processed: _____

Family Called? Y _____ N _____

Approved by:

Programmer's Name: _____

Programmer's Signature: _____

Submitted to: Accounts Payable _____ Yes _____ No

Charge Account # : List amount to be refunded:

\$ _____ 100-6-60-60-340.000~Recreation Program Fees

\$ _____ 100-2-00-00-251-960~Recreation Center Fees (Uniform Refund)

\$ _____ Other G/L Account: _____

Processed by: _____ Date: _____