



NEWCASTLE PUBLIC SCHOOLS

Refund Claim Form

General Information:

Amount of Refund: \$ _____ Date: _____

Reason for Refund: _____

Student Name (if applicable): _____

Refund Made Payable To:

Name: _____

Address: _____

City/State/Zip: _____

I hereby state that I have full knowledge of the above and foregoing claim and that said amount is just, correct and according to law.

Signature: _____

Account Information:

I hereby approve the refund as described above.

Account Name: _____

Printed Name: _____

Signature: _____

Business Office:

PO#: _____ Date: _____ Warrant#: _____