

MARFA ISD
Request for Refund

Type of Account: _____

Name on Account: _____

Account Number: _____

Refund Requested: Full Refund Partial Amount
 \$ _____

Reason for Request: _____

Name of Requestor: _____

Signature of Requestor: _____

Date Requested: _____

Relationship to
Account Holder: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____

Marfa ISD Verification

Please select one:

Approved

Refund Amount Approved

\$ _____

Denied

Reason for Denial

Approved/Denied by:

Employee Name/Signature

Position/Title

Date

Finance Office Use Only

Received: _____

Approved By: _____

Processed: _____