



Wellington PTA Refund Check Request

Procedures:

1. Parent to provide written request for refund of program registration.
2. To be approved by Program VP.

Check Requested By: _____ Date Requested: _____

Email or Phone #: _____ Amount: _____

Payable To: _____

Committee: _____

Description of Event: _____

Send Check To (Address): _____

Committee Chair Approval: _____
(required if person requesting check is not chair/co-chair of committee)

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TO BE COMPLETED BY TREASURER:

CHECK #: _____ DATE: _____ INITIALS: _____