



LAKE STEVENS SCHOOL DISTRICT NO. 4
12309 22nd St NE
Lake Stevens, WA 98258

ORDER FOR REFUND
ASB & General Fund

Location _____ Date _____

School Transaction or Website Transaction

Student Name(s): _____

Refund to: _____

Parent or Guardian

Address _____ City _____ State _____ Zip _____

REFUND:

Account Name _____	Account Code _____	\$ _____	Amount
Account Name _____	Account Code _____	\$ _____	Amount
Account Name _____	Account Code _____	\$ _____	Amount
Account Name _____	Account Code _____	\$ _____	Amount

Office: Attach a copy of the Original Receipt and the Refund Receipt.

TOTAL REFUND: \$ _____

REASON FOR REFUND: _____

LSSD Authorizing Signature(s):

Principal

ASB Club/Activity Advisor

ASB Advisor

ASB Treasurer

ASB School Secretary

Certification
I hereby certify under penalty of perjury that this is a true and correct claim for reimbursement of expenses incurred by me and that no payment has been received by me on account thereof.

Signature of Claimant _____ Date _____

OFFICE USE ONLY Check Number _____

Date Paid _____