



# LITTLETON PUBLIC SCHOOLS

## REQUEST FOR: REFUND OR REIMBURSEMENT

Please complete form in its entirety and return it to the bookkeeper at your child's school. Email addresses can be found on the school websites.

Please allow up to 30 days for refund to be issued.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Name	School/Location	Student ID #	Reason for Refund/ Reimbursement	Option (A,B, or C)	Amount Requested
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

### Option A:

#### Donate Account Balance to LPS

☐ Donate Balance to School

\_\_\_\_\_  
Parent/Guardian Signature

### Option B:

#### Leave Balance in Account to Roll to Next Year

Amount to Rollover: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Bookkeeper Signature

### Option C:

#### Automatic Deposit (EFT) Refund of Balance

Account Type: ☐ Savings ☐ Checking

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
9-Digit Bank Routing Number

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Bookkeeper Signature

### DEPARTMENT USE ONLY:

JE#: \_\_\_\_\_

BX#: \_\_\_\_\_

Infinite Campus Adjusted? \_\_\_\_\_

### DEPARTMENT USE ONLY

JE# to defer revenue: \_\_\_\_\_

BX# to reverse original: \_\_\_\_\_

Infinite Campus Adjusted? \_\_\_\_\_

### FINANCE DEPARTMENT USE ONLY

Vendor #: \_\_\_\_\_

*The parties (LPS authorized personnel and the parent or guardian) agree that this form may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.*