ENCINO
Community Center
L.A. City Department of Recreation & Parks

Refund Request Form

To process your refund you will need to completely fill out the information below.

PAYER'S Information

Date: _____ / _____ / _____

Name	LAST FIRST	Phone	( )
Address	STREET CITY	STATE	ZIP
E-Mail			

PARTICIPANT

Student Name	Class Name	Class Cost	Session	Receipt #
		$		
		$		
		$		

Reason for Refund: _____

_____

Payer/Patron Signature: _____

- **For Staff Use Only** -

ATTACHED?

Copy of Receipt? ☐ yes ☐ no

Processed By: _____ **Date** _____

Comments: _____

Receipt #
Transmittal #

Breakdown of Administrative Fees:

$_____ **Original Cost of Class** - 15% Administrative Fee = $_____

÷ *divided* by _____ (# of classes in session) = $_____ *times* _____ (# of classes owed to patron) = $_____

(other_____) $_____

Total = $_____

Authorized Refund Amount = $_____

Approved by: *Director Name* _____ **Date** _____