

Refund Request

Form A



Fees, Income and
Credit Control Office

Title

Forename

Surname

OR

Organisation Name

Account No.

Amount

Reason

Please select:

Payment Date

Payment Reference

Additional notes:

Original Payment & Refund Method

Tick if Source Refund not possible.(FICC Use Only)

Staff Details

Staff Name

Staff Email

Department/Division

Please click [here](#) to view **LSE Refund Policy**

Please tick the box below to confirm that you meet the requirements of the declaration;

I confirm that I am the budget controller/have permission from the budget controller to submit this request. In submitting this request, I confirm that I have read and understood the Refund policy.

FICC USE ONLY

Completed By

Date

IssueTrak No.