

Refund Request

Form A



Fees, Income and
Credit Control Office

| | | | |
|-------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| Title | <input type="text"/> | | |
| Forename | <input type="text"/> | Surname | <input type="text"/> |
| OR | | | |
| Organisation Name | <input type="text"/> | | |
| Account No. | <input type="text"/> | Amount | <input type="text"/> |
| Reason Please: \ | <input type="checkbox"/> Withdrawal | <input type="checkbox"/> Overpayment | <input type="checkbox"/> Fee Change |
| | <input type="checkbox"/> Award - F | <input type="checkbox"/> Award - M | <input type="checkbox"/> Other |
| 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.