Refund Request

Form A

LSE Fees, Income and Credit Control Office

Title

Forename

OR

Surname

Organisation Name

Account No.

Amount

Reason Please:√

| Withdrawal | Overpayment | Fee Change |
| Award - F | Award - M | 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 OVER £10K

Completed By

Date

IssueTrak No.

Authorised Signatures