



EAST RUTHERFORD PUBLIC SCHOOLS

Office of the Board of Education

100 Uhland Street

East Rutherford, NJ 07073

Phone: (201) 804-3100 ♦ Fax: (201) 933-1845

www.erboe.net

PRE-K REFUND REQUEST FORM

PAYEE NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

DATE OF WRITTEN NOTIFICATION _____

DATE	DETAILED DESCRIPTION OF BUSINESS PURPOSE	AMOUNT

PLEASE INDICATE ALL THAT APPLY:

____ CHECK, US MAIL ____ CHECK, PICK UP ____ ENCLOSURE TO BE MAILED WITH CHECK (PLEASE ATTACH)

STUDENT NAME: _____

VACANT SPOT FILLED:

____ YES ____ NO

WHEN REQUESTING A REFUND, PRINCIPAL (APPROVER) MUST SIGN THIS REQUEST.

APPROVER NAME _____ DATE _____

SUPERINTENDENT'S NAME _____ DATE _____

BUSINESS ADMINISTRATOR'S NAME _____ DATE _____

PLEASE NOTE: Approximate processing time – 10 business days from date of receipt by Accounts Payable Department. Improperly completed forms or forms submitted without the appropriate documentation will not be processed and will be returned to the Approver.

PAYMENT DATE _____ NAME _____