



# Refund Request

Please complete all fields. This form is valid for one transaction only.

For a refund request complete this form and email to: [accounts@texastsa.org](mailto:accounts@texastsa.org)

## Original Payment Information

School Name (as shown on the invoice): \_\_\_\_\_

Company/School/ISD Name (on check): \_\_\_\_\_

Date of Check: \_\_\_\_\_ Check Number: \_\_\_\_\_ Chapter Number: \_\_\_\_\_

Advisor Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounting Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address for Refund Check:

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Invoices to Refund: This form only valid for 2020 State Conference Invoices

\_\_\_\_\_ for \$ \_\_\_\_\_      \_\_\_\_\_ for \$ \_\_\_\_\_      \_\_\_\_\_ for \$ \_\_\_\_\_

\_\_\_\_\_ for \$ \_\_\_\_\_      \_\_\_\_\_ for \$ \_\_\_\_\_      \_\_\_\_\_ for \$ \_\_\_\_\_

**Total Refund Requested: \$ \_\_\_\_\_**

## Refund Request Detail

Refunds must be requested within 60 days of original payment date, unless there are extenuating circumstances. Texas TSA has 60 days from the receipt of the request to complete the refund request. If the refund is for an overpayment please specify the information here. If your school has outstanding invoices, these funds may be held until the account is clear. A specific reason for the refund must be completed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Office use only: Received by: \_\_\_ Date: \_\_\_/\_\_\_ Refund check # \_\_\_\_\_ Receipt Emailed: \_\_\_/\_\_\_