



1319 West Eighth Street • P. O. Box 2035 • Tyler, Texas 75710 • 903.262.1000 • **Dr. David Simmons, Superintendent**

REFUND REQUEST

Attach copy of receipt showing payment and a print screen of Primary Contact Information from iSeries.

Date of Request

Please refund \$ _____ payable to:

(Parent Name)

Vendor Number

(Address)

(City, State, Zip Code)

Student Name: _____

Reason: _____

Paid by Check#: _____ Paid by Cash: _____ Deposit#: _____

Approval for Payment - TISD USE ONLY

Code: _____

Approving Signature: _____

Principal/ Director

Date of Approval

If applicable:

Sponsor Signature: _____

Student Officer Signature: _____