



<b>Authorisation for Processing</b>			
Action to be taken:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> ADJUSTED AMOUNT
Comments:			
<b>Signed:</b>		<b>Position:</b>	
<b>Print Name:</b>		<b>Date Processed:</b>	
<b>Refund Amount:</b>			

<b>Admin Use Only</b>			
<b>Refund Processed</b>			
Formal Letter Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Sent By:			Date:
<b>Appeal of Decision</b>			
Appeal Lodged:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: