

Activity Refund/Transfer Request

Date:

Name: Badge: Title:

Activity Information

Activity Title:

Activity Date: Reason(s) for refund:

Receipt No.:

Activity Code:

Activity Fee Paid:

Attachments

Original Receipt Sick Leave Others, please specify:

Participant's Signature:

Notes:

* Send this form to ptc.registration@ksau-hs.edu.sa

* Attach the Original Receipt

Bank Information:

Bank Name / Branch:

Account No.: IBAN No.:

Contact Information:

Mobile No.: Tel. No. (Work):

Pager No.: E-mail Address:

PTC Accountant's Use Only

Book Returned: Yes No N/A

Approved Disapproved

Book Amount:

Director:

Total Refund Amount:

Signature: