



Activity Refund Form

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:

CPD Use Only

Book Returned: Yes No N/A Approved DisapprovedBook Amount: Director: Total Refund Amount: Signature: