



Bernalillo County Parks, Recreation & Open Space

Refund Request

Please enter today's date:

Please select one Community Center or Program from the following drop-down menu options:>>

Amount of Refund: \$

Please make sure to deduct registration fees from your requested amount as these are non-refundable.

Note: Refund will only be issued to Payee

Refund To:

NAME:

ADDRESS:

CITY, STATE, ZIP:

TELEPHONE #:

EMAIL :

Reason for Request:

Name of children refund pertains to (if applicable):

Name of the program registered for:

Method of Payment: *(Type an X by all methods that apply)*

Check, Money Order or Cash

Debit/Credit Refund *AP will route through Treasury*

Last 4 #'s of Credit/Debit Card

(If unknown, processor will fill in)

Refund Requested by: *(Payee Signature)*

Date:

OFFICIAL USE ONLY

Date of Deposit:

Receipt No.:

GL Account No:

Cost Center:

*(MDC/CCP-related refunds only should be **GL #251425**)*

Total Amount Paid: \$

Proof of cleared transaction attached?

YES

NO

Total Amount of Refund after deductions: \$

Printed Department Contact Name & Phone

Department Manager Approval *(Signature)* / Date

Department Director or Elected Official

SIGNS HERE >>>>>>

Date

(Payee, please do not write in Official Use Only area.)