

CANCELLATION OF AGREEMENT - REQUEST FOR REFUND

For:	COD SYMPHONIC BAND NEW YORK CITY PERFORMANCE							
	AT CA	RNEGIE H	IALL ON M	AARCH 28	- APRIL 2,	, 2019		
Date:		·						
Name:				Studer	nt/Id #:			
Mailing Address:								
City:			State:		Zip:			
Phone #:				Cell #:				
Student Signature:					Date:			
CDL/ID Presented:		9		Verific	ed By:			
For D	epartmen	t Use Only	- Authori	zed Signa	ture For R	efund		
Name: Kelly	Hall	Signature:				Date:		
For Bursar Use Only								
Date Received in Bursar Office Date Submitted to Accounts Payable								
Invoice #:			Refund A	Amount:	\$			
Invoice #:Payment Method:	(Circl	e One)	Refund A		\$ Visa	Check	- Cash	
		e One)	Maste	ercard		Check	Cash	