

# Refund Request

Form A



Fees, Income and  
Credit Control Office

Title

Forename

Surname

OR

Organisation  
Name

Account No.

Amount

Reason  
Please tick

☐ Withdrawal

☐ Overpayment

☐ Fee Change

☐ Award - F

☐ Award - M

☐ Other

Additional notes:

## Original Payment & Refund Method

Tick if Source Refund not possible.(FICC  
Use Only)

## Staff Details

Staff Name

Staff Email

Department/Division

## LSE Refund Policy

Please tick the box below to confirm that you meet the requirements of the declaration;

I confirm that I am the budget controller/have permission from the budget controller to submit this request. In submitting this request, I confirm that I have read and understood the Refund policy.