

**PINE TREE  
INDEPENDENT  
SCHOOL DISTRICT**

SALENA JACKSON, MBA  
ASSISTANT SUPERINTENDENT OF BUSINESS & FINANCE  
E-MAIL – [sjackson1@ptisd.org](mailto:sjackson1@ptisd.org)



STEVE CLUGSTON  
SUPERINTENDENT

**REFUND REQUEST**

Please refund \$ \_\_\_\_\_ payable to:

\_\_\_\_\_ Date of Request

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Student Name: (If Applicable) \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Paid by Check # \_\_\_\_\_

Paid by Cash: \_\_\_\_\_

**ATTACH COPY OF PAID RECEIPT**

Approval for Payment - PTISD USE ONLY

\_\_\_\_\_  
Principal/Director

\_\_\_\_\_  
Date of Approval

\_\_\_\_\_  
Business Office

\_\_\_\_\_  
Account Code