



Private Bag 50072, Queenstown 9348, New Zealand
QUEENSTOWN, 10 Gorge Road, Phone +64 3 441 0499, Fax +64 3 450 2223
WANAKA, 47 Ardmore Street, Phone +64 3 443 0024, Fax +64 3 450 2223

REFUND FORM

(Please email completed form and supporting information to refunds@qldc.govt.nz
AND include T1 reference in email subject line)

EFT/CC: _____
T1 module: _____
T1 reference: _____
Journal ID: _____

Refund details:

Name: _____
Address: _____
Telephone: _____ Email: _____
Bank Acc#: _____ OR Date of CC pmt: _____
please provide a snip of the bank account details

Amount: \$ _____

Requested by:

Signature: _____
Name: _____
Position: _____
Date: _____

Approved by:

Signature: _____
Name: _____
Position: _____
Date: _____

Reason for refund:

From
02-0673-0018467-083

Checklist prior to emailing form to refunds@qldc.govt.nz:

Proof of bank details attached (deposit slip or screenshot from TechOne receipt) OR
Proof of credit card payment attached
Form signed by team leader/manager with appropriate financial delegation
Other relevant supporting documentation attached
(e.g. correspondence with customer / screenshot of account in T1 etc.)

Office use only

FINANCE #1

GL journal #: _____

- ☐ Bank details confirmed
- ☐ Refund processed correctly in P&R
- ☐ Transaction details updated in AP entry

Performed by: _____

FINANCE #2

- ☐ Bank details checked in T1 (AP transaction)
- ☐ Financial delegation checked

Checked by: _____