



Great Falls Public Schools

LIBRARY BOOK FINE

Refund Request

School _____ Date _____

Code _____ Amount _____

Submitted by _____ Phone _____

Book Title: _____

Student Name _____

Make Check Payable to: Name _____

Address _____

City _____ State _____ Zip _____

Principal Approval _____ Director of Business Office _____

DW-214 5/2023

White – Business Office

Yellow – School



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DW-214 5/2023

White – Business Office

Yellow – School

Request to Refund book fine money (when books are found & returned)

Request form should contain: Date, Book title, student name and amount.

Request must have the parent name and address of who we need to make the reimbursement check to.

School library code should be listed.

This request should be signed by Librarian (so we know who to call if we have questions) and Principal.

Refund request is sent to the Business Office for Cabinet approval.

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