

REFUND, TRANSFER or CREDIT Form

La Trobe University will only process request upon form being completed, signed & dated by the MyPrint Recharge account holder

PLEASE PRINT NEATLY AND CLEARLY

Section A

Date: (dd/mm/yyyy)	/ /	Student/Staff No.:	
Full Name:			
Phone/Mobile No.: (inc area code)		Email address:	@students.latrobe.edu.au @latrobe.edu.au

Section B

Reimbursement details - tick appropriate box and enter your current account balance/amount to be transferred or credited	
To view your MyPrint Recharge account balance go to: myprint.latrobe.edu.au	
<input type="checkbox"/> Graduated/Discontinuation of studies (<i>MyPrint Recharge account will be closed permanently</i>)	\$
<input type="checkbox"/> Intermission of studies (<i>Not studying for either one or two semesters, attach completed intermission form</i>)	\$
<input type="checkbox"/> Transfer funds from LTM/casual card to LTU account – please provide copy of cards – skip to Section D	\$
<input type="checkbox"/> Recharge was not credited to account – please provide copy of valid La Trobe University tax invoice – money will be credited onto your MyPrint account – skip to Section D	\$
<input type="checkbox"/> Job didn't print but money was deducted from account – please provide date of printing error, name of file, where you attempted to print and cost of job – money will be refunded back onto your MyPrint account – skip to Section D	\$
<input type="checkbox"/> Other (must state a valid reason):	\$

- Note:**
- A. If student has received monies from a College/school/department/division for the purposes of studying &/or departmental work on their MyPrint Recharge account they will be ineligible to receive a refund for those monies.
 - B. If the MyPrint Recharge account holder details do not match the bank account details stated below then the MyPrint Recharge account holder WILL BE REQUIRED to attach a copy of photo identification to this form.

Section C

BANK DETAILS - ***CREDIT CARD ACCOUNT NOT ACCEPTED***	
EFT in favour of: (full name)	Account name:
Account no.:	BSB (6 digits):
Bank name:	SWIFT code: (overseas banks only)

Section D

Name: _____ Signature: _____

Please email this form, photo ID (mandatory) and any other supporting documents such as cards/invoices to:	myprint@latrobe.edu.au
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For EFT payment this form must be signed by an authorised MyPrint Recharge officer before processing can occur.

MyPrint Recharge Use Only:	
Departmental Authorising Officer:	
<input type="checkbox"/> MyPrint acct. checked, balance adjusted & acct. closed	<input type="checkbox"/> If MyPrint acct. holder details do not match bank acct. holder details: Photo ID required to be shown or copy attached. Cited - Staff initials _____
<input type="checkbox"/> Scan & file	Staff initials _____
Full name (print): _____	Signature: _____ Date: / /

Expense Chargeable to:								Finance Division Use Only	
Company Code	GL Account	Profit Centre	Cost Centre	WBS	Amount	Cashier code	Tax Code		
1000	220130	1444	1444		\$	2010	GZ	Calculations checked:	