

MyPrint

MyPrint Refund

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

PLEASE PRINT CLEARLY

Section A

Date: (dd/mm/yyyy)	/ /	Student No:	
Full Name:			
Phone/mobile No.:		Email address:	@students.latrobe.edu.au

Section B

Reimbursement details - tick appropriate box and enter your current account balance/amount to be transferred or credited To To view your MyPrint account balance go to: myprint.latrobe.edu.au	
<input type="checkbox"/> Graduated, or discontinuation, or intermission of studies at La Trobe University (<i>MyPrint account closed</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 not credited to account – please provide details e.g. copy of the receipt/or bank charge - money will be credited onto your MyPrint account – skip to Section D	\$
<input type="checkbox"/> Other (must state a valid reason): e.g. Job didn't print but money was deducted from account – note error date/location/cost etc	\$
Total	\$

Note:

- If student has received monies from College/school/department/division for the purposes of studying &/ or departmental work on their MyPrint account they will be ineligible to receive a refund for those monies.
- If the MyPrint account holder name does not match the bank account name stated below the MyPrint account holder must attach a copy of photo identification to this form.

Section C

INACTIVE STUDENT - PROVIDE YOUR BANK DETAILS BELOW (CREDIT CARD ACCOUNT NOT ACCEPTED**)**

ACTIVE STUDENT - ENSURE YOUR BANK ACCOUNT DETAILS IN STUDENT ONLINE ARE CORRECT AND MATCH THOSE PROVIDED BELOW

EFT in favour of: (full name)		Account name:	
Account no.:		BSB (6 digits):	
Bank name:		SWIFT code: (overseas banks only)	
Student name: (print)	Student signature:		

Please email this form, photo ID, and any other supporting documents such as cards/invoices to:

myprint@latrobe.edu.au

MyPrint Admin Use Only:

Departmental Authorising Officer:

<input type="checkbox"/> MyPrint acct. checked, balance adjusted & acct. closed	<input type="checkbox"/> If MyPrint acct. holder details do match bank acct. holder details: Photo ID required to be shown or copy attached. Cited - Staff initials	<input type="checkbox"/> Scan & file	Staff initials
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Full name (print):	Signature:	Date: / /
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Expense coding for reimbursement: GL 220130, Profit/Cost Centre 1444, Tax Code AZ