



Crenshaw County Schools

CNP Account Refund Request

Student Name _____ **School** _____ **Grade** _____

Reason for refund (No refunds for less than \$5.00 will be processed at Central Office through check.)

Make Check Payable to:

Name _____

Address _____

City/State/Zip _____

Parent/Guardian Signature

Date

Amount to be Refunded \$ _____

**No refunds for less than \$5.00 will be processed at Central Office through check.

CNP Manager's Signature

PRINCIPAL SECTION:

☐

Refund

☐

Retain for School Outstanding Debt

Principal's Signature

CENTRAL OFFICE SECTION:

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Refund @ Central Office

☐

Refund @ Lunchroom

Ruth Bayman, CNP Director

Journal Code:

12-2-0271-000-_____-5101-0-0000-0000

When BALANCING:

- Debit Cash: 12-1-0111-000-_____-5101-0-0000-0000 (D)
- Credit Def. Revenue: 12-2-0271-000-_____-5101-0-0000-0000 (C)