



Refund Request

Please complete all fields. This form is valid for one transaction only.

For a refund request complete this form and email to: executive.director@texastsa.org

Original Payment Information

School Name (as shown on the invoice): _____

Company/School/ISD Name (on check): _____

Date of Check: _____ Check Number: _____ Chapter Number: _____

Advisor Email Address: _____ Phone: _____

Accounting Contact Email: _____ Phone: _____

Address for Refund Check:

City _____ State _____ ZIP _____

Invoices to Refund: This form only valid for 2025 State Conference Invoices

_____ for \$ _____ _____ for \$ _____ _____ for \$ _____

_____ for \$ _____ _____ for \$ _____ _____ for \$ _____

Total Refund Requested: \$ _____

Refund Request Detail

Refunds must be requested within 60 days of original payment date, unless there are extenuating circumstances. Texas TSA has 60 days from the receipt of the request to complete the refund request. If the refund is for an overpayment please specify the information here. If your school has outstanding invoices, these funds may be held until the account is clear. A specific reason for the refund must be completed below:

Authorized Signature

Date

Office use only: Received by: ___ Date: ___/___ Refund check # _____ Receipt Emailed: ___/___