

**APWA Wisconsin Chapter
Refund Request**

Name _____

Phone # _____

Date of Request _____

Event _____

Date of Registration _____

Amount Paid _____

Amount Requested _____

Event Host Approval _____

(Initial and Date)

Make check payable to: _____

Send check to (address): _____

Amount Approved _____

(Treasurer initial and date)

Provide a brief description of the request:

Please note: requests for reimbursements must be made by the late registration deadline. No refunds will be given for cancellations after that date. Reimbursements are subject to a \$25 administrative fee and all requests must be approved by the Executive Committee.

Send to Treasurer Lee Igl: Lee.Igl@Mcfarland.wi.us