

CREDIT VOUCHERS

Credit vouchers shall be issued in lieu of a refund check. Vouchers may be redeemed toward the cost of any other district activity (class, program, trip, etc.) within one year of the date originally issued.

A reimbursement of the fee will be granted

- A. Should an injury or health problem (occurring prior to the activity beginning or during the first week of the program) prevent or impair participation in the activity, if requested prior to the end of the program;
- B. When the district cancels a program, class, or activity; or
- C. When a completed Request for Reimbursement of Activity Fee is requested in writing, and received in the district office a minimum of seven business days before the program or activity begins.

Excursions, Mini-Bus, or Van Trips

- A. A credit voucher will be issued in lieu of reimbursement of fees. However, if the space is resold, the customer may request a reimbursement of fees or request a credit voucher.

Excursions. Chartered Trips

- A. Refunds will be granted whenever staff cancels the excursion, although customers may request a credit voucher in lieu of a reimbursement of the fee.
- B. A partial reimbursement of the fee shall be granted if the space is not resold (the amount to be based on the fees charged by the carrier/vendor for the unused space).

Mission Oaks Recreation and Park District  
3344 Mission Avenue  
Carmichael, CA 95608  
**Request for Reimbursement of Activity Fee**

Date of Request \_\_\_\_\_ Receipt # \_\_\_\_\_

Activity/Class/Program \_\_\_\_\_ Fee Paid \_\_\_\_\_

Date of Activity/Class/Program \_\_\_\_\_

Payee Name \_\_\_\_\_ Phone \_\_\_\_\_

Participant's Name *(if different from payee)* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**DISTRICT POLICY**

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A reimbursement of the fee will be granted should an injury or health problem (occurring prior to the activity beginning or during the first week of the program) prevent or impair participation in the activity, if requested prior to the end of the program; **or** when the district cancels a program, class, or activity; **or** when a completed Request for Reimbursement of Activity Fee is requested in writing, and received in the district office a minimum of seven (7) business days before the program or activity begins. An administrative fee of 10% or \$5 will be assessed on all refunds.

Please indicate below your reason for the request for reimbursement.

- I am requesting a reimbursement of the fee due to an injury or health problem that occurred prior to the activity beginning.
- I am requesting a reimbursement of the fee due to an injury or health problem that occurred during the first week of the program.
- I am requesting a reimbursement of the fee a minimum of seven (7) business days before the program or activity begins.

\_\_\_\_\_  
Signature of Participant or Parent (if participant is under 18 years of age)

<b>FOR OFFICE USE ONLY</b>	Voucher # _____
<input type="checkbox"/> Approved in the amount of \$ _____	
<input type="checkbox"/> Disapproved for the following reason(s) _____	
_____	
_____	
Administrative Services Manager	Date