



PHILIPPINE PRACTICAL SHOOTING ASSOCIATION

REFUND REQUEST FORM

INFORMATION				RF Control No.	
DATE REQUESTED:					
LAST NAME:				M. I.	
FIRST NAME:					
GUN CLUB:					
REFUND DETAILS					
DATE DEPOSITED:		AMOUNT:		CURRENCY:	() ₱ () \$
AMOUNT IN WORDS					
REASON:					
ATTACHED PROOF OF PAYMENT:					
SIGNATURE OVER PRINTED NAME OF REQUESTING PARTY				DATE:	

ACCOUNTING STAFF

PREPARED BY JO-ANNE B. RONDERO	Signature:	Date & Time Received:
VIRIFIED BY JO-ANNE B. RONDERO	Signature:	Date & Time Received:

APPROVAL

Office of the Treasurer: JTY Approved () Signature: Remarks:	Date & Time Received: Disapproved () Signature:
Office of the EVP: RCC Approved () Signature: Remarks:	Date & Time Received: Disapproved () Signature:
Office of the PPSA President: EBL Approved () Signature: Remarks:	Date & Time Received: Disapproved () Signature: