

# Township of Independence

286-B Route 46 West  
P.O. Box 164  
Great Meadows, NJ 07838  
(908) 637-4133

## Recreation Program Refund Request Form

The Independence Township Recreation Committee has established the guidelines below regarding the issuance of program refunds. Please review the policies and be aware that completing and submitting this form does not entitle you to a refund. Once you have submitted this form, your situation will be taken into consideration by the Recreation Department and Committee.

### **Independence Township Recreation Refund Policies**

- A full refund will be awarded if the Recreation Department cancels a program due to low enrollment, lack of instruction/coaches, or safety related issues due to inclement weather, state of facilities or athletic field use
- Refunds will **NOT** be granted for one time programs, bus trips, ticket sales or special events.
- All requests for refunds must be submitted in writing using the Recreation Program Request Form and submitted to the Independence Township Recreation Director.
- Requests made 24-hours prior to first scheduled program meeting date will be accepted and reviewed by submitting this completed form. A \$15 administrative fee will be assessed for all registration fees \$75 and under, and a 20% administrative fee will be assessed for all registration fees over \$75.
- Refunds will **NOT** be granted once a program or has begun. Requests of this nature will be handled on a case-by-case basis.
- All refund requests are subject to review by the Independence Township Staff, Committees and CFO.
- All monies approved for refunds, regardless of payment method, will be issued by check. Please allow 3 to 4 weeks for checks to be issued.
- Transaction / Convenience fees from on-line registrations are non-refundable.

### Refund Request Information

Participant's Full Name: \_\_\_\_\_

Program Name: \_\_\_\_\_ Registration Fee Amount: \$\_\_\_\_\_

Date of Request: \_\_\_\_\_ Signature: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person to receive refund: \_\_\_\_\_

Address of person to receive refund: (street) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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### **For Office Use Only – Do Not Write Below This Line**

Approved by: \_\_\_\_\_ Refund Amount: \$\_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Date processed: \_\_\_\_\_ Staff /Committee Initials: \_\_\_\_\_

# INDEPENDENCE TOWNSHIP

P.O. BOX 164 • 286-B ROUTE # 46 • ADMINISTRATIVE OFFICES • GREAT MEADOWS, NEW JERSEY 07838  
 TEL: (908) 637-4133 • FAX: (908) 637-8844

P.O.# \_\_\_\_\_

Voucher# \_\_\_\_\_

**Meeting of the Township Committee 2nd Tuesday of Each Month 7:00 p.m.**

PLEASE NOTE: Vouchers submitted for payment must be in the Treasurer's hands by the third of each month, or they will not be processed until the following month. All bills must be fully itemized with substantiating invoices, and Claimant's Certification executed.

Address \_\_\_\_\_

DATE	DESCRIPTION OF GOODS OR SERVICE RENDERED, ITEMIZE FULLY	AMOUNT	TOTAL

Delivery slips received and checked

**CLAIMANT'S CERTIFICATION & DECLARATION**

\_\_\_\_\_  
Date Signature

**OFFICER'S CERTIFICATION**

I, having knowledge of the facts certify that the material and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

\_\_\_\_\_  
Signature Title

I do solemnly declare and certify under the penalties of the Law that the within bill is correct in all its particulars, that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this

Claimant in connection with the above claim; that the amount therein stated is justly due and owing; that the amount charged is a reasonable one.

\_\_\_\_\_  
Date Signature Official Position

(DO NOT WRITE BELOW THIS UNE)

Approved for Payment:

\_\_\_\_\_  
 Committee  
 \_\_\_\_\_  
 Committee

Mayor \_\_\_\_\_

**APPROPRIATION OR ACCOUNT CHARGED**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PAYMENT RECORD**

Date Paid: \_\_\_\_\_

Check No. \_\_\_\_\_

