



GULF WARS XXXIII
OFFICE OF THE WAR EXCHEQUER



REFUND REQUEST

MERCHANT FEES

SITE FEES

Make Check Payable To: _____

Requestor's Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

SCA Name: _____

Reason for Refund: _____

Refund for Name(s)		Registration Method	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
		Total	
		Less Processing Fee	
		Refund Due	

Attach legible and relevant documents (emails, letters, physical requests) to this form. Ensure a description and reason for the refund is identified as appropriate. Site Fee refunds requested by 21 February before the event are automatically approved. After 21 February, all Site Fee Refund requests require Autocrat and Exchequer approval. Merchantcrat has sole discretionary authority for merchant fees.

Approved By: _____ Date: _____
Mundane Signature of Merchantcrat (or email attachment)

Approved By: _____ Date: _____
Mundane Signature of Gulf Wars Autocrat (or email attachment)

Approved By: _____ Date: _____
Mundane Signature of Gulf Wars Exchequer

For Gulf Wars Exchequer Use Only

Check Number: _____ Amount: _____ Date: _____