

REQUEST

For the refund for LSIC payment



LSP

Lithuanian National Union of Students
(Lietuvos studentų sąjunga)
A. Vivulskio g. 36, 2 a.
03114 Vilnius

pagalba@lsp.lt
+370 5 2685330

Date _____

Name	Surname
Personal Number	Telephone number
Email address	
Higher education institution or research institute	

Please refund the payment made for the LSIC by transferring the money to the specified bank account.

Reason for refund	
Refund amount requested (EUR)	Bank account number

ATTACHED: copy(-s) of payment document(-s) (receipt).

Student name, surname, signature	LSS representative name, surname, signature
	Decision (amount to be transferred)