



**MAUD INDEPENDENT SCHOOL DISTRICT  
CHILD NUTRITION OFFICE  
REQUEST FOR REFUND OF PREPAID LUNCH MONEY**



DATE \_\_\_\_\_

STUDENT'S NAME	ID #	REFUND AMOUNT

**MAKE CHECK PAYABLE TO:**

<b>PARENT'S NAME</b>	
<b>CURRENT PHONE NUMBER</b>	
<b>MAILING ADDRESS</b> <small>(Address must match school records otherwise refund won't be made)</small>	
<b>CITY, STATE, ZIP CODE</b>	

Refund \$5.00 or more will be mailed.

Refund less than \$5.00 please contact manager

Parent Signature \_\_\_\_\_

Payment will not be made without signature

Mail Request to:

Maud ISD Cafeteria  
c/o Parent Request Form  
P.O. BOX 1028  
Maud , Texas 75567

Email Request to:

dljohnson@maudisd.net  
Subject : Refund Request

OFFICE USE ONLY	
Must be verified by cashier or manager.	Check Amount: _____
Manager/Cashier initials _____	Check Number: _____
Date received: _____	Date Mailed: _____