

CHILD NUTRITION DEPARTMENT

Cafeteria Account Refund Request

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID:\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Refund check mailed to:***

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reason you are requesting a refund:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please allow **10 business days** in order for the Business Office to process your refund request. A parent/guardians signature is necessary to release the funds.

**Parent/Guardian signature required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| OFFICE USE ONLY |  |

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| Vendor Number: |
| Balance: |
| Date Processed: |
| Approval: |