



FOOD SERVICES MEAL ACCOUNT REFUND APPLICATION

Please select one of the following options for meal account refunds.

Student's Name and ID#: _____

Building _____

() I prefer to donate the balance to the CCS Food Service Fund

() Transfer the balance to the meal account of : _____

School : _____

() Please send a refund for the amount of : _____

Make Check Payable To: _____

Mailing Address: _____

Signature

Date

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