



Fremont Unified School District
Child Nutrition Services
4210 Technology Drive
Fremont, CA 94538
Phone: (510) 657-2350
Direct Line: (510) 659-2587
Fax: (510) 659-2566

MEAL ACCOUNT REFUND REQUEST

Instructions

Please complete the form and submit to FUSD - Child Nutrition Services, 4210 Technology Drive, Fremont, CA 94538 by mail, fax, or in person.

A refund check will be mailed to your mailing address in 4-6 weeks.

Please issue a refund of \$_____ from the meal account of:

Student Name

Student ID#

School

Parent/Guardian Name

Parent/Guardian Signature

Additional information for refund request:

Make checks payable to: _____

Relationship to student: _____

Mailing address: _____

Phone Number: _____

Reason for request: _____

OFFICE USE ONLY

Approved by: _____ Date: _____
Program Manager/Supervisor

Issued by: _____ Revolving Fund Check #: _____
Name and Title
