

MEAL ACCOUNT PAYMENT SLIP

Please Print Clearly

Date: ____/____/____

School _____



Student Name: _____ ID #: _____ Amount: _____

Student Name: _____ ID #: _____ Amount: _____

Student Name: _____ ID #: _____ Amount: _____

Please write additional students on back if necessary

For the 2013-2014 School Year please make checks payable to SUSD Child Nutrition & WRITE STUDENT'S PIN # on CHECK.

Seal Envelope and return to the Cafeteria Manager at your School Site

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