

SOUTH BAY UNION SCHOOL DISTRICT

CHILD NUTRITION SERVICES  
1111 SATURN BLVD.  
SAN DIEGO CA 92154

DIRECT EXPENSE REIMBURSEMENT CANNOT EXCEED \$100.00. PLEASE FILL IN THE INFORMATION BELOW AND SUBMIT TO CHILD NUTRITION OFFICE.

SCHOOL: \_\_\_\_\_

STUDENT(S) NAME: \_\_\_\_\_

AMOUNT TO BE REFUNDED: \_\_\_\_\_

NAME OF PARENT/GUARDIAN REQUEST REFUND: \_\_\_\_\_

REFUND CHECK TO BE MAILED TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS REQUEST FOR REFUND SUBMITTED BY: \_\_\_\_\_  
(signature of cafeteria employee)

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
Child Nutrition Services

CHARGE TO ACCOUNT NO. \_\_\_\_\_

B4:REIMB