

# VAL VERDE UNIFIED SCHOOL DISTRICT

## Food Services Department

Robert Quanstrom – Director  
 Leann Onasch – MS, RD, Manager  
 Jill Murr – Field Supervisor  
 Lizett Quintero – Field Supervisor



975 W. Morgan Street  
 Perris, CA 92571  
 (951) 940-6109  
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## Cafeteria Account Refund/Transfer Request Form

Date of Request: \_\_\_\_\_ Refund/Transfer Amount: \_\_\_\_\_

Student ID #: \_\_\_\_\_

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

Name of School: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Please note: If you used the on-line payment system, please disable any automatic payments.

<input type="checkbox"/> Request for <b>REFUND</b> Complete information below  <b style="background-color: yellow;">Make Check Payable to:</b>  <hr/> <b style="background-color: yellow;">Mailing Address:</b>  <hr/> <hr/> Phone: _____  Email: _____	<input type="checkbox"/> Request for <b>TRANSFER</b> to Family Member Complete information below  <hr/> Student ID #  <hr/> Student Name:  <hr/> School:  <hr/> <hr/>
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*Notes: Cafeteria account refunds will only be issued when a student is transferring, leaving the District, graduating or has qualified for free/reduced meals and currently has a credit balance on his/her account. Any exceptions will require approval from the Director of Food Services. Please allow approximately 10-15 business days for check refunds to be processed.*

### For Office Use Only:

**(attach student's prepayment/account history report(s))**

Date: \_\_\_\_\_

Acct Bal: \_\_\_\_\_ Refund Amount: \_\_\_\_\_

Food Service Staff Member \_\_\_\_\_ Check No: \_\_\_\_\_ Check Date: \_\_\_\_\_

Robert A. Quanstrom \_\_\_\_\_ Date Mailed: \_\_\_\_\_  
 Director of Nutrition Services

This institution is an equal opportunity provider.