

VAL VERDE UNIFIED SCHOOL DISTRICT

Food Services Department
Chris Hutchinson – Director
Jennifer Mattocks - Manager
Jill Murr – Field Supervisor
Lizett Quintero – Field Supervisor



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Cafeteria Account Refund/Transfer Request Form

Date of Request: _____ Refund/Transfer Amount: _____
Student Name: _____ Student ID #: _____
Name of School: _____
Parent/Guardian's Signature: _____

Request for REFUND Complete information below
Request for TRANSFER to Family Member Complete information below
Make Check Payable to:
Mailing Address:
Phone:
Email:
Student ID #
Student Name:
School:

Notes: Mail, E-mail, or bring this form in person to the address listed at the top of this form. Our office is in the 500 building (Waiting Room 500). Please allow approximately 10-15 business days for check refunds to be processed. Any exceptions will require approval from the Director of Food Services.

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:
Chris Hutchinson
Date
Date Mailed:
Director of Nutrition Services

This institution is an equal opportunity provider.