



**Food Services Department**  
1900 W Olive Ave  
Burbank CA 91506

**BURBANK UNIFIED SCHOOL DISTRICT**  
**Food Services Department**  
**CLAIM FOR REFUND**

For claiming a refund of a positive balance on a child's meal account completely fill in the required information below. Please return to the BUSD Food Services Department. Refunds are submitted to the Los Angeles County Treasurer and typically take four to six weeks to be processed and mailed.

**PLEASE PRINT!**

Student's Name \_\_\_\_\_

School \_\_\_\_\_

Parent's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

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**DO NOT WRITE IN THIS SECTION**  
**For Food Services Office Use Only!**

Account Statement Date: \_\_\_\_\_ Account Statement Refund Amount: \_\_\_\_\_

I hereby certify that an account statement is attached and has been verified by the Food Services Office on \_\_\_\_\_ and that the claimant is entitled to a refund.

Signed: \_\_\_\_\_

Kathy Sessinghaus, Food Service Director

**13.0-53100.0-00000-00000-9330-0000000 PSEUDO #930036**