

Fremont Unified School District Child Nutrition Services 4210 Technology Drive Fremont, CA 94538 Phone: 510-657-2350

Direct Line: 510-659-2587 Fax: 510-659-2566

MEAL ACCOUNT REFUND REQUEST

Instructions

Please complete the form and submit to FUSD - Child Nutrition Services, 4210 Technology Drive, Fremont, CA 94538 by mail or in person. You can also email the form to lhottinger@fusdk12.net or fax to 510-659-2566.

A refund chec	ck will be mailed	to your mailing address in 6-8 v	weeks.	
Please issue a refund of \$		from the meal a	from the meal account of:	
Student Name		Student ID#	School	
Parent/Guardian Name		Parent/Guardian	Parent/Guardian Signature	
Additional in	formation for re	efund request:		
Make checks payable to:				
Relationship t	to student:			
Mailing addre	ess:			
Phone Number	er:		<u> </u>	
Reason for red	quest:			
		OFFICE USE ONL	Y	
Approved by:	Program Manag	er/Supervisor	Date:	
Issued by:				
	Name and Title		Revolving Fund Check #:	