



## Cafeteria Account Refund/Transfer/Donate Balance Form

Complete form and return to District Office or nearest OVSD school

Email: bthompson@ovsd.org

Mail: Ocean View School District - Food Service

17200 Pinehurst Lane, Huntington Beach, CA 92647

Fax: 714-842-1541

Phone: 714-847-2551, ext. 1452

Date of Request: \_\_\_\_\_ Name of School: \_\_\_\_\_

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

Student's ID#: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

**Please indicate your choice**

\_\_\_\_ **TRANSFER Balance to another student's account**

Transfer \$ \_\_\_\_\_ (ex. \$20.00) to Student's Name \_\_\_\_\_ (ex. Jane Doe)

Attending School \_\_\_\_\_ (example Mesa View MS)

*Only available for Ocean View School District Students*

\_\_\_\_ **DONATE Balance to a student in need of assistance**

\_\_\_\_ **CREDIT CARD REFUND - Please call (714) 847-2551, ext. 1452 with credit card information. Do not provide credit card information on Refund form.**

\_\_\_\_ **CHECK REFUND**

Make Check Payable to: \_\_\_\_\_

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

\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

*Signature required to process refunds and transfers and donations*

FOR OFFICE USE ONLY:

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

BALANCE: \_\_\_\_\_

ACCOUNT ADJUSTED BY: \_\_\_\_\_

PAYMENT APPROVAL:

\_\_\_\_\_