

### Child Nutrition Refund Request Form

Please complete the information below and fax or mail it to the Child Nutrition Office

Date \_\_\_\_\_

**Make Check Payable to:**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Student Information**

Student Name	ID #	School	Amount Requested
#1			
#2			
#3			
#4			
<b>Total</b>			

**Reason for Refund. Please circle an option**

- |                               |                  |              |
|-------------------------------|------------------|--------------|
| 1. Refund of prepayment meals | 2. Left District | 3. Graduated |
| 4. Other: Please explain      |                  |              |

I authorize SAISD Food Service to issue a check for the balance on my child's account.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

Food Service Office Use Only				
Vendor #	_____			
Account #	240x-00-79-907-99-0-00 57510530			
Verified information in Pentamation	_____			
Date of Detailed Account Report	_____			
Balance	_____			
Amount of Refund	#1	#2	#3	#4
Notes	_____			

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