

CARROLLTON-FARMERS BRANCH ISD STUDENT NUTRITION OFFICE

REQUEST FOR REFUND OF PREPAID LUNCH MONEY

SCHOOL _____

DATE _____

STUDENT'S NAME	STUDENT'S ID#	REFUND

Refund will be in the form of a check and mailed. Please allow 3 to 4 weeks.

MAKE CHECK PAYABLE TO:	
PARENT'S NAME	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
PHONE NUMBER:	

Remaining balance will be verified by Student Nutrition Office Staff

Mail Request to:

Student Nutrition Office
1505 Randolph St.
Carrollton, TX 75006
Or email to: percivalc@cfbisd.edu
Or fax to: 972-968-6392

Parent Signature
Payment will not be made without signature.

FOR OFFICE USE: Date & Initial

Received: _____	Vendor # requested: _____
Vendor # received: _____	Balances verified: _____
Check Requested: _____	Balances adjusted: _____