LOS ANGELES UNIFIED SCHOOL DISTRICT- FOOD SERVICES DIVISION

Cafeteria Account Refund Request

Note: Cafeteria account refunds will only be issued when a student/customer is transferring, leaving the District, graduating, or has qualified for free/reduced meals and currently has a balance on their account any exceptions will require Food Services Division Management approval. Only full account balance refunds will be issued. A Cash refund in excess of \$20.00 will be forwarded and processed by Central Office and may take approximately 2 weeks to receive. Form must be submitted to the Food Services Division Attn: Finance Beaurdy 28th Floor.

Please complete the informat	ion requested below and return to the Food Services Manager.
School Name	Date
Student/Customer Name	Student Id/Customer Acct #
Mailing Address	Telephone Number
<u> </u>	<u> </u>
Reason for Request	
· -	
Requested By (print)	Relation to Student
Requested By (signature)	
Refund will be issued to:	
check if sent to mailing address above	
Mailing address if different	
than above:	-
	-
	_
	Internal Use Only
Food Services Manager:	
/5	- Coming Manager Name (1997)
the above student's account.	ood Services Manager) certify that the refund amount \$ is the total remaining balance o
The refund amount is below t	he \$20.00 limit and was issued in cash to the person listed above on (date)
The refund amount is over th	e \$20.00 limit and the request was sent to the Central Office for processing on (date)
Central Office Finance :	
Total Amount of Refund	Check Number (issued by CO)
Issued by (print name)	Date:
	Date Mailed: