

**Rialto Unified School District
Nutrition Services Department
151 S. Cactus Avenue
Rialto, CA 92376**

Request for Refund of Prepaid Meal Funds

I request a refund of all prepaid meal funds currently being held on account at _____
School for the following student(s):

	Name	<u>Grade/Teacher</u>	<u>Student Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

The refund check should be made payable and mailed to:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Signature

Date

DO NOT WRITE BELOW LINE - FOR DISTRICT USE ONLY

To be completed by Cafeteria Lead Person

I certify that prepaid funds totaling \$ _____ are on account (please attach a copy of a current Student Credit Availability printout) for the above-named student(s) at my site.

Signature

Date

PLEASE FORWARD COMPLETED FORM TO THE NUTRITION SERVICES' ACCOUNTANT FOR PROCESSING