

Palo Verde Unified School District

Nutrition Services

REQUEST FOR REFUND OF PREPAID LUNCH MONEY

School Name: _____

Student Name: _____

Student ID: _____

Student's Grade: _____

Amount of prepaid lunch money to be refunded: \$_____

Requested by: _____ Date: _____

Address: _____ Phone: _____

*Checks will be mailed to the above address

Return to Nutrition Services Department or email: mclayton@pvusd.us

Nutrition Services Department Only

Authorized Signature