



CARROLLTON-FARMERS BRANCH ISD
STUDENT NUTRITION OFFICE

REQUEST FOR REFUND OF PREPAID LUNCH MONEY

Please complete the form below completely to request a refund of your student(s)' account balances. Students' remaining balances will be verified by Student Nutrition Office Staff. **Refunds will be in the form of a check and will be mailed to the parent at the address provided below.** Please allow 3 to 4 weeks for the check to be printed, mailed, and received. For questions, please contact the Student Nutrition Office at 972-968-6384.

Student Name(s):	Student ID#:	School:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MAKE CHECK PAYABLE TO:

Parent's Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Parent Signature (Payment will not be made without signature.) _____ **Date Requested** _____

Mail Request to: Student Nutrition Office
1505 Randolph St.
Carrollton, TX 75006

Or Email to: percivalc@cfbisd.edu

Or Fax to: 972-968-6392

FOR OFFICE USE ONLY: Date & Initial upon Completion of Each Step.

Date Received: _____	Vendor # Requested: _____
Vendor # Received: _____	Balances Verified: _____
Check Requested: _____	Balances Adjusted: _____