



INTERNATIONAL LEADERSHIP OF TEXAS
CHILD NUTRITION OFFICE
REQUEST FOR REFUND OF PREPAID LUNCH MONEY

School _____

Date _____

STUDENT'S NAME	STUDENT'S ID #	AMOUNT

MAKE CHECK PAYABLE TO:	
PARENT'S NAME	
CURRENT PHONE NUMBER	
STREET ADDRESS <small>(Address must match Skyward, otherwise refund won't be made)</small>	
CITY, STATE, ZIP CODE	

Must be verified by cashier or manager.
Manager/cashier initials _____

Mail Request to:
Student Nutrition Office
1820 N. Glenville Dr. #100
Richardson, TX 75081

Or email to:
childnutrition@iltexas.org
Subject: Refund Request

Refund will be mailed.

Parent Signature _____

Payment will not be made without signature