



**LOMPOC UNIFIED SCHOOL DISTRICT
CHILD NUTRITION SERVICES**
PO Box 8000
Lompoc, CA 93436

LUSD Use Only:
Refund Amount: _____
Verified by: _____
Check #: _____
Date Mailed: _____

Request for Refund of Overpayment

Please complete this form to request a refund of overpayment for school meals. Refunds will be sent by mail to the address provided. Please allow 6 weeks for processing.

Date: _____

Parent/Guardian Name: _____

Mailing Address: _____

Student's Full Name	School
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature: _____