

CISD Child Nutrition Department
Refund Form

Date: _____

I, _____ am requesting a refund of funds that were deposited into a Community ISD meal account for the following student(s) in the following amount(s).

Student Name:	Student ID #:	Funds:
		\$
		\$
		\$
		\$

I understand that I will be issued a check at the earliest possible date by the District. The check will be mailed to the address listed below.

Please print legibly

Name

Signature

Mailing Address

City, State and Zip

Cafeteria Manager Verified Funds: \$_____ Date: _____