



PALO ALTO
UNIFIED SCHOOL DISTRICT

Child Nutrition Services
25 Churchill Avenue
Palo Alto, CA 94303

tel: (650) 329 - 3806 x5357
email: foodservices@pausd.org

PARENT REFUND FORM

Use this form to request a refund of the remaining balance from prepaid lunch accounts by Child Nutrition Services. Email a copy of this form to foodservices@pausd.org.

PARENT INFORMATION			
Parent Name			
Address			Apartment, Suite, or Room #
City	State	Zip Code	Phone Number ()
Student No.1	Student No.2		Student No.3
PAYMENT ADDRESS			
Payee's Name			
Address			Apartment, Suite, or Room #
City	State		Zip Code

If you would like to donate to PAUSD please indicate by checking this box

Date: _____ **Parent Signature:** _____

Please allow 4-5 weeks for reimbursement to arrive.

FOR BUSINESS OFFICE USE ONLY
AMOUNT TO BE REFUNDED:
ACCOUNT NO. #
COMMENTS:

APPROVED: _____
Department Head

SIGNED: _____
Business Manager