

**Bakersfield City School District
Fiscal Services
Request for Account Balance Reimbursement**

Student Account Name: _____

Student ID Number: _____

School Name: _____

Parent/Guardian to make check payable to:

Full Name: _____

Mailing Address: _____

Street Address: _____

City, State and Zip Code: _____

Check Amount: \$ _____

For Staff Use Only

Verified by: _____

Name

Date