



CARROLLTON-FARMERS BRANCH ISD
STUDENT NUTRITION OFFICE

REQUEST FOR REFUND OF PREPAID LUNCH MONEY

Please complete the form below completely to request a refund of your student(s)' account balances. Students' remaining balances will be verified by Student Nutrition Office Staff. **Refunds will be in the form of a check and will be mailed to the parent at the address provided below.** **Please allow 3 to 4 weeks for the check to be printed, mailed, and received.** For questions, please contact the Student Nutrition Office at 972-968-6384.

Student Name(s):

Student ID#:

School:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MAKE CHECK PAYABLE TO:

Parent's Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Parent Signature (Payment will not be made without signature.) _____

Date Requested _____

Mail Request to: Student Nutrition Office
1505 Randolph St.
Carrollton, TX 75006

Or Email to: elliottj@cfbisd.edu

Or Fax to: 972-968-6392

FOR OFFICE USE ONLY: Date & Initial upon Completion of Each Step.

Date Received: _____

Vendor # Requested: _____

Vendor # Received: _____

Balances Verified: _____

Check Requested: _____

Balances Adjusted: _____