Simi Valley Schools
SIMI VALLEY UNIFIED SCHOOL DISTRICT

Cafeteria Account Refund/Balance Transfer Request

1. **Date:** _____

2. I am requesting **a refund** or **balance transfer** from my child(ren)'s cafeteria account.



Student Name(s):	Student ID Number	Balance

3. **Print name that will go on check:**

4. **Address** that check will be mailed to:

5. **Phone Number**: (In case we have a question)

QUICK NOTE:
If you are set up for automatic deposits into your children(s) accounts with the EZSchoolPay.com school lunch payment system, **please do not forget to cancel.**

Sibling(s) Name to Transfer Money to:
1.
2.
3.

6. **Signature**
(I certify that the money being refunded to me was originally paid into the account by me.)

Mail to:
Simi Valley Unified School District
Child Nutrition
101 W. Cochran Street
Simi Valley, CA 93065

For questions contact:
Telephone: 805-306-4500, ext. 4702

Date Paid _____ Check # _____ Check Total _____
A/P Computer _____ Posted Report _____ Acct 8641 _____

Forms: Lunch Acct Reimbursement Form.doc