Durant Public Schools
Child Nutrition
Refund Request Form

Payments can only be requested by/sent to the parent/guardian on file in Infinite Campus.

Student Name: _____

Student DOB: ____/____/____

Refund Check Information

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Reason for Requesting Refund

_____

_____

OFFICE USE ONLY	
Vendor Number:	
Balance:	
Date Processed:	Check Number:
Accounts Payable Signature:	
Director Signature:	

Durant Public Schools
Child Nutrition Department
1323 Waco Street
Durant, Oklahoma 74701