

REQUEST FOR LUNCH ACCOUNT REFUND

Date of Request	
Parent's Name	
Address	
Student's Name	
Grade	
Amount of Refund	
Reason for Refund	
Verified by (office use only)	

APPROVED:

Lisa Pemberton, CNP Director

Lisa Dickerson, CSFO

Please complete and return to the lunchroom. Please consider processing time for checks. All checks will be mailed to the address provided. Please note that we can only refund money on accounts to the designated guardian. Please check your child's balance at www.myschoolbucks.com