

Cafeteria Account Refund Request

** A refund request can only be honored if the payment was made during the current school year, or no later than June 30th of the closing school year. Leftover money will be carried from one school year to the next, however if money is carried for more than one school year and still is unused a refund cannot be issued. Money can, with parent's permission, be moved from one sibling to another at any time. A \$3.00 administrative fee will be deducted from the refund.

Date: _____

I, _____ am requesting a refund of any remaining money from my
(your name)

_____, _____ cafeteria account at
(relationship to student – son, daughter, etc) (student's first AND last name)

_____ School.

I am requesting this refund because: _____

Original form of payment: Paper Check _____ Cash _____ Pay For It: Check _____ CC _____

How much? _____ Check # (if applicable): _____

Name on Check _____

Are you the same person who issued the original funds? If not, please explain.

NOTE: The person requesting the funds must be the original purchaser.

Please provide your address to where the check can be mailed: **(Please print)**

Name: _____

Address: _____

City, zip: _____

Phone #: _____

e-mail: _____

Signature: _____

(required- electronic signature is acceptable)

Allow approximately 10 – 12 business days for the check to be processed.

Requests can be **faxed, e-mailed or directly mailed** to:

S.C.V.S.F.S.A, 25210 Anza Drive, Valencia, CA 91355, Attn: Susan Weiss

E-mail: lschlick@scvsfsa.net

Fax: 661-295-0981; Phone: 661-295-1574 ext. 103

I:\Website\Refund Request