

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. 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. Records are not retained beyond three (3) years.

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 Schools Central: 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 mail a check to the following address: (**Please print clearly**)

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

Fax: 661-295-0981; E-mail: Lisett@scvsvfsa.net; Phone: 661-295-1574 ext. 108