Cafeteria Account Refund/Transfer Form

Complete form and Fax to (858) 565-6378 or Mail to:
SDUSD – Food Services
6735 Gifford Way, Room 5
San Diego, CA  92111

Date of Request:   _________________________________________________________
Student Name:   _________________________________________________________
Name of School:   _________________________________________________________
Student ID #:   ________________________           Student's DOB:    ____________

____Balance Transfer to another Student’s Account

Transfer $__________ (ex. $20.00)
To Student’s Name__________________________(ex. Jane Doe)
Attending School ____________________________ (example Pershing MS)

OR

____Refund

If payment was made on PayPAMS, please check here_________, please note that PayPAMS refunds will be credited back to your Credit/Debit Card.

All other refunds please complete the information below:

Make Check Payable To: ______________________________________________________________________
Mailing Address:
____________________________________________________________________________________
Daytime Phone number: _________________Email Address:___________________________

Parent/Guardian's Signature:__________________________________________

FOR OFFICE USE ONLY:

DATE: ______________________  OK TO PAY:          BALANCE: _______________ZAPPED: ______
ACCOUNT ADJUSTED: _______________                          _______________

7/28/2010