



Cafeteria Account Refund/Transfer Form

Complete form and Fax to (858) 565-6378 or

Mail to: SDUSD – Food Service

6735 Gifford Way, Room 5, San Diego, CA 92111

Date of Request: _____ Student Name: _____

Student ID #: _____ Student's DOB: _____ Name of School: _____

Balance Transfer to another Student's Account- *Only available for San Diego Unified Schools*

Transfer \$ _____ (ex. \$20.00) To Student's Name _____ Student's ID _____
(Required)

Attending School _____ (example Pershing MS)
(Required)

OR

Refund

If payment was made on PayPAMS, please check here _____, please note that PayPAMS refunds will be credited to the original card if it is still valid (open and not expired) and Paypams account was not closed. Otherwise a paper check will be issued. Paper checks will take longer to process.

All other refunds please complete the information below:

Make Check Payable To: _____
**Must match Parent/Guardian on File*

Mailing Address: _____

Daytime Phone number: _____ Email Address: _____

Parent/Guardian's Signature: _____
Signature required to process refunds and transfers

FOR OFFICE USE ONLY:

<p><u>Food Services Business Services</u></p> <p>DATE: _____ PARENT VERIFIED: _____</p> <p>PAYPAMS: _____ CHECK/CASH: _____</p>	<p><input type="checkbox"/> OK TO PAY:</p> <p>_____</p>
<p><u>Food Services Financial Accounting</u></p> <p>DATE: _____ BALANCE: _____ NO NSF'S: _____</p> <p>REFUND ISSUED: _____ ACCOUNT ADJUSTED: _____</p> <p>Budget String for A/P: _____ <u>-53100-00-5853-3700-0000-13000-0000</u></p>	<p><input type="checkbox"/> OK TO PAY:</p> <p>_____</p>