MILFORD ISD STUDENT NUTRITION ACCOUNT REFUND FORM

A parent or guardian may request a refund from a Student Nutrition account using this form. Please complete all areas of the form and return to your student's school cafeteria, fax to 972-493-2429, or email the form to: bgalindo@milfordisd.org. All refunds will be issued on a Milford ISD check and will take 4-6 weeks to process. Refunds can be mailed to the parent/guardian at the address listed below, or you can schedule a time to pick up the check.

Date:

Student Name: ________________________________ ID#: ________________________

Parent/ Guardian: _____________________________ Phone: _______________________

Address: ____

I, ___________________________, am requesting a refund from the above account for the following reason ____.

Amount to be refunded: $

Guardian Signature: _______________________________________ Date: _______________

Director Signature: _________________________________ Date: _____________________

Revised 8/26/2020

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FOR OFFICE USE ONLY

VERIFIED AND REMOVED $________________ FROM ACCOUNT ON ___/___/___

AUTHORIZED INITIALS____________

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