

HUSD - Higley Unified School District Food Services Department

REFUND REQUEST FORM

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT CAFETERIA LEAD

or

Catherine Van Galder (480) 279-7142

STUDENT NAME:		ID#:		SCHOOL NAME:		TOTAL AMOUNT:	\$
STUDENT NAME:		ID#:		SCHOOL NAME:		TOTAL AMOUNT:	\$
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STUDENT NAME:		ID#:		SCHOOL NAME:		TOTAL AMOUNT:	\$
STUDENT NAME:		ID#:		SCHOOL NAME:		TOTAL AMOUNT:	\$
STUDENT NAME:		ID#:		SCHOOL NAME:		TOTAL AMOUNT:	\$
						GRAND TOTAL :	\$

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME:							
MAILING ADDRESS:							
CITY:		STATE:		ZIP CODE:			
Phone:	() -		E-Mail:				

PLEASE SEND THIS TO THE CAFETERIA LEAD

OR FAX THIS TO CATHERINE VAN GALDER, FAX # (480) 279-7542

OR EMAIL THIS TO Catherine.VanGalder@husd.org

FOR HIGLEY UNIFIED SCHOOL DISTRICT OFFICE USE ONLY

Date Received:		Amount of Total Refund:	\$
Date Processed:		FSMC Initials:	
		Higley District Initials:	

REFUND CHECK WILL BE SENT TO MAILING ADDRESS IN APPROXIMATELY 10 BUSINESS DAYS