



Nutrition Services

540 Canyon Del Rey
Monterey, CA 93940
831-392-3903
FAX: 831-392-3443

STUDENT DEPOSIT REFUND RECEIPT OR CHECK REQUEST

Today's Date: _____ School: _____

Student Name: _____ Student ID #: _____

Account Balance: \$_____ (Attach Student's Prepay Account Summary)

Cash Received by: _____
Parent/Guardian/Student Signature

IF A CHECK IS REQUIRED, PLEASE COMPLETE THE FOLLOWING:

PARENT NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

Refund issued or check requested by (Manager's initials): _____