

PLEASANTON ISD - FOOD & NUTRITION SERVICES DEPARTMENT

REFUND/DONATE/TRANSFER REQUEST FORM

Return completed form to the School Food & Nutrition Services Department or any Campus Cafeteria.
Upon request, a refund check will be mailed to the address listed below within 2-3 weeks.
If more space is needed, please use reverse side and provide all requested information for each student.
This form must be filled out completely and signed by the parent to be considered a valid request for a refund.

Please PRINT legibly

Questions? Call 830-569-1367

1. Student Name _____ Student ID# _____ School & Grade _____	Amount \$ _____ Please Circle One: Refund / Donate / *Transfer
2. Student Name _____ Student ID# _____ School & Grade _____	Amount \$ _____ Please Circle One: Refund / Donate / *Transfer
3. Student Name _____ Student ID# _____ School & Grade _____	Amount \$ _____ Please Circle One: Refund / Donate / *Transfer
* Transfer to: Student Name _____ Student ID# _____ School & Grade: _____	
* Transfer to: Student Name _____ Student ID# _____ School & Grade: _____	
* Transfer to: Student Name _____ Student ID# _____ School & Grade: _____	
Reason for the request: _____ Refund check Recipient name: _____ Mailing Address: _____ City, State & Zip: _____ Contact Phone Number: _____	
Cash Refunds issued by: _____ DATE: _____	

Parent Signature: _____ DATE: _____

By signing this form, you are giving the district permission to perform the requested maintenance on your student’s cafeteria account.
In the event a refund is requested, you agree to cash the check received from the District within 30 days or it will be null and void.

For office use ONLY

Acct. Code: 240-00-5751-00-902

Transfers/Account Adjustments completed by: _____ Date: _____

Check Request sent to Accounts Payable by: _____ Date: _____

Total requested: _____ Director's Approval: _____

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(Not all prohibited bases will apply to all programs and/or employment activities.)
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.
Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).
Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).
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