



LIVERMORE VALLEY JOINT UNIFIED SCHOOL DISTRICT  
CHILD NUTRITION SERVICES

## REFUND REQUEST FORM

Students that leave the Livermore Valley Joint Unified School District and/or Graduate with an account balance will have 60 days to request a refund. The request must be made in writing on this form. Please email the completed form to [ksims@lvjUSD.org](mailto:ksims@lvjUSD.org).

Note: All refunds must be requested by the parent/guardian. Checks will be issued to the parent/guardian only.

**Date:** \_\_\_\_\_

### Student Account Information

Student: \_\_\_\_\_

ID#: \_\_\_\_\_

Balance: \_\_\_\_\_

School: \_\_\_\_\_

### Check Payable To

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Refund Amount:** \$ \_\_\_\_\_

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### For Office processing:

Budget code: 130-9653-5310-\_\_\_\_-\_\_\_\_-66\_\_\_\_-0-

Junction: 661

Granada 662

Livermore: 663

The Student Account Transaction Report reflecting the account adjustment made for this refund will show a zero balance.