



LIVERMORE VALLEY JOINT UNIFIED SCHOOL DISTRICT

CHILD NUTRITION SERVICES

REFUND REQUEST FORM

Students that leave the Livermore Valley Joint Unifies School District and/or Graduate with an account balance will have 60 days to request a refund. The request must be made in writing in this form. Please email the completed form to childnutrition@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: _____

Phone: _____

Refund Amount: \$ _____

For Office processing:

Budget code: 130-9653-____-____-____-____-0-____

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