

# Queen Creek Unified School District

## Child Nutrition

### Refund Request Form

If you would like to request a refund from your student's account, please complete this form and give it to your student's cafeteria manager or Lisa Tilson via fax: (480) 987-7497 or e-mail: etilson@qcusd.org

If you have any questions, please contact your student's cafeteria manager, or Lisa Tilson via phone: (480) 987-7496 or e-mail: etilson@qcusd.org

Refunds are processed on the 1<sup>st</sup> of every month. Your refund will be sent to your mailing address approximately 2 weeks after being processed.

### Student Information

Student Name	Student ID	School Name	Refund Amount
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
<b>Grand Total</b>			<b>\$</b>

### Parent Information

<b>Parent/Guardian Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>E-mail:</b>	
<b>Parent Signature:</b>		

### For QCUSD Child Nutrition Department Use Only

<b>Total Refund Amount: \$</b>
<b>Date of Refund Request:</b>
<b>Office Signature:</b>