Jefferson School District Cafeteria Refund Request Form

School Name_____

Date_____

Students Name_____Grade_____
==
Payable To:

Parents Name_____

Address_____

City, State, Zip Code_____

Refund Amount___$_____

Reason for Refund_____

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Café: 13-5310-0-0000-0000-8634-000-9301

Clerk Signature _____Date_____

Manager Approval_____Date_____

Payroll Approval_____Date_____