



# Cafeteria Account Refund/Transfer Form

Complete form and Fax to (858) 565-6378 or  
Mail to:

**SDUSD – Food Services**  
6735 Gifford Way, Room 5  
San Diego, CA 92111

Date of Request: \_\_\_\_\_

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

Name of School: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Student's DOB: \_\_\_\_\_

## \_\_\_\_\_ Balance Transfer to another Student's Account

Transfer \$ \_\_\_\_\_ (ex. \$20.00)

To Student's Name \_\_\_\_\_ (ex. Jane Doe)

Attending School \_\_\_\_\_ (example Pershing MS)  
*Only available for San Diego Unified Schools*

**OR**

## \_\_\_\_\_ Refund

If payment was made on PayPAMS, please check here \_\_\_\_\_, please note that PayPAMS  
refunds will be credited back to your Credit/Debit Card.

**All other refunds please complete the information below:**

Make Check Payable To: \_\_\_\_\_

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

Daytime Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_

*Signature required to process refunds and transfers*

FOR OFFICE USE ONLY:

DATE: _____	<input type="checkbox"/> <b>OK TO PAY:</b> _____
BALANCE: _____ ZAPPED: _____	
ACCOUNT ADJUSTED: _____	