



# Request for Transfer/Refund of Prepayment

EL SEGUNDO UNIFIED SCHOOL DISTRICT – FOOD SERVICES DEPARTMENT

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

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

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

Account Balance: \$ \_\_\_\_\_

**REASON FOR TRANSFER/REFUND**

**TRANSFER DETAIL**

STUDENT NAME	STUDENT ID	TRANSFER OUT	TRANSFER IN	TOTAL
<b>Total Transfers</b>				

**REFUND DETAIL**

STUDENT NAME	STUDENT ID	TOTAL REFUND
<b>Total Refund</b>		

<b>Refund to:</b>	<b>THIS AREA FOR OFFICE USE ONLY</b>

X

Requested By: \_\_\_\_\_  
Title: \_\_\_\_\_

**SIGN HERE** ←