



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
Total Transfers				

REFUND DETAIL

STUDENT NAME	STUDENT ID	TOTAL REFUND
Total Refund		

Refund to:	THIS AREA FOR OFFICE USE ONLY

X

Requested By: _____
Title: _____

SIGN HERE