

REQUEST FOR REFUNDS

for graduating and non-returning students

Must be requested by Parent

Please print all information, except signature

Date faxed (manager) _____

Date correction made in MCS _____ (done by office staff)

STUDENT NAME (PRINT) _____ GRADE _____

MCS NUMBER _____

CAFETERIA NAME ___St. Philip Neri_____

CAFETERIA CODE ___260_____

CHECK ISSUED TO _____ (PRINT)

ADDRESS _____ (PRINT)

_____ (PRINT)

PHONE NUMBER _____

PARENTS SIGNATURE _____

AMOUNT OF CHECK _____

(to be completed by manager or SFS central office)

MANAGER'S SIGNATURE _____

End of year refunds must be issued after the last serving day.

Refunds will be mailed directly from the school food service central office.