

Okeechobee County
School Food Service
Refund Request

Date: _____

School: _____

Student's Name and Account Number: _____

Parent's Name: _____ Phone Number: _____

Mailing Address: _____

Amount of Refund: _____

Reason for Refund: _____ Status Change
_____ Student moved out of district
_____ Student left school (not to return)
_____ Money requested at end of year
_____ Other - Explain: _____

The refund request will be forwarded to the Bookkeeping Department located in the main School Board Office. A check will be issued and mailed to the parent

Parent's Signature: _____

Manager's Signature: _____

For Food Service Office Only

Documentation for refund has been attached.

Checklist for Manager for status change and other situations.

Verify information needed with Food Service Bookkeeper.

Amount Refunded: \$ _____ Date: _____

Supervisor or Bookkeeper signature: _____

Date mailed: _____

O-FS-09

Revised 02/2015