

Abilene ISD Student Nutrition Department

Student Nutrition Lunch Account-Refund Request 241 Pine Street Abilene, Texas 79601

Name _____ ID# _____ Date _____

Please do the following with the balance in my student's account:

_____ I have another Student or Employee lunch account in the District. Please transfer to the following account name/number: _____.

_____ I do not have another Student or Employee lunch account in the District. Please refund the balance to name & address below:

Parent or Guardian Name: _____

Mailing Address, City, State, Zip _____

Please allow up to four (4) weeks for check refunds to be processed.

Student or
Parent /Guardian

Signature: _____ Date: _____

For AISD Student Nutrition office use only

I confirm that I have received permission from the Director of Student Nutrition and will process the request for reimbursement refund from the employee/child's nutrition account

Final Account Balance of: \$ _____

_____ Amount has been deducted from account _____ Check request issued

_____ Amount has been transferred to _____ Account has been deactivated

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