Food & Nutrition Services Cafeteria Account Refund/Transfer/Donation Form



E-Mail: foodserviceshelp@sandi.net or Mail: SDUSD – Food Services, 6735 Gifford Way, Room 5, San Diego, CA 92111

Date of Request:	Student Name:	
Student ID:	Student's Date of Birth:	
School Name:		
Balance Transfer to a	another Student's Account -	Only available for SDUSD Schools.
Transfer Amount \$ (ex. \$2	20.00) To Student's Name:	Student's ID
	OR	
Please note that PayPAMS refu credit card is still valid (open and the accounting department and v	I payment was made using PayPAN unds will be credited to the original card if I not expired). If these conditions are not n will take up to two to three weeks to proce	the Paypams account is open and the net then a paper check will be issued fron
Please provide the informa	tion below.	
Make Check Payable to: Mailing Address:	*Must match Parent/Guardian on File	
Daytime Phone number:	Email Addre	SS:
	OR	
a shared lunch account fo A few extra dollars from families	with the ability to donate can help us make surd Il meals, while keeping San Diego Unified Scho	e all of our children have consistent access to ol District's finances strong!
	OFFICE USE ONLY	unus, trunsjers unu uonutions
PAYPAMS:CHECK/CAS		OK TO PAY:
Food Services Financial Accounting DATE:BALANCE:NO ISSUED:ACCOUNT Budget String for A/P:531	NSF'S: REFUND T ADJUSTED:	OK TO PAY: