

Girard USD #248

415 North Summit, Girard, KS 66743 ♦ Phone: (620) 724-4323

Korey Kimrey
Foodservice Director

Cafeteria Refund Request Form

Student(s) Name: _____

Building: _____

Please select one of the options below for your refund:

Transfer this balance to the cafeteria account of (student): _____

Building: _____

Please send me the refund for this amount: \$ _____

Make Check Payable to: _____

Mail to: _____

Street Address: _____

City: _____

State/Zip: _____

Signature: _____ Date: _____