

STUDENT LUNCH ACCOUNT REFUND REQUEST

Please type or print clearly. Entire form must be completed along with a completed W-9 form.

REQUEST FOR PAYEE TO BE ADDED TO VENDOR LIST

Please return completed forms to:
Jefferson County Board of Education
Attn: Child Nutrition Program- Accounting
2100 18TH Street South
Birmingham, AL 35209-1891 Telephone# 205.379.2135 Fax# 205.379.2313

Parent/Guardian: _____

Address: _____

City/State/Zip: _____

Telephone#: _____ Fax# _____

Alt Phone# _____ Social Security _____

Student Name: _____ **Student ID#** _____

I certify that the information supplied herein is correct and that the social security or Tax ID# is correct.

Parent/Guardian Signature

Date

FOR SCHOOL/OFFICE USE ONLY:

Name of school or department and person submitting this request:

School/Department	Site #	Person Submitting Request	Date
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Vendor # _____ **Invoice#** _____ **Amount \$** _____

NOTE: This request should be completed and submitted by the Parent/Guardian.
No Student is allowed to complete this form.