

PAXTON-BUCKLEY-LODA CUSD#10

**LUNCH TICKET REFUND REQUEST
(ONLY AT REQUEST OF PARENT/GUARDIAN)**

Any amount less than \$10.00 should be refunded through lunch money or petty cash.

You will be reimbursed on a monthly basis.

DATE _____ SCHOOL _____

AMOUNT \$ _____

REFUND CHECK FOR: _____

STUDENT(S) NAME(S): _____ GRADE _____

_____ GRADE _____

_____ GRADE _____

_____ GRADE _____

PARENTS NAME/ADDRESS: _____

LAST DAY OF ATTENDANCE: _____

PRINCIPAL SIGNATURE: _____

.....
(for office use only)

Date request received _____

Check Number _____ Amount of Check \$ _____

Date Check Mailed _____