



Apache Junction Unified School District Food Service Refund Request Form

If you have questions, please contact your Cafeteria Manager or Karen Warhus 480-982-1110

Student Information

Student Name	Student ID	School Name	Refund Amount
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
Grand Total			\$

Parent Information

Parent/Guardian Name:		
Address:		
City:	State:	Zip Code:
Phone: ()	E-mail:	
Parent Signature:		

Please send to the Cafeteria Manager or Karen Warhus at kwarhus@goaj.org
Refund will be sent to Mailing Address in approximately 2-3 weeks

For Food Service Use Only

Total Refund Amount: \$
Date of Refund Request:
Office Signature:

AJUSD Food Service Account # 510.100.3100.6890.000