



# Alamo Heights Independent School District

## Food Service Office

7101 Broadway San Antonio, TX 78209 (210) 832-5940

Attention Food Service Department:

I, \_\_\_\_\_ am requesting a refund of pre-paid money, which has been credited to my child's Point of Sale Account. I would like for these funds to remain accessible to my child until \_\_\_\_\_, after which funds will no longer be available.  
(date)

My child's name is: \_\_\_\_\_

He/She attends \_\_\_\_\_ and his/her account # is: \_\_\_\_\_  
(school)

Please send the check to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_

**This section for office use only:**

Total account balance due on date listed above: \$ \_\_\_\_\_

Date you received this notification: \_\_\_\_\_

OWC Manager's Signature: \_\_\_\_\_

Please submit a copy of the Student's history with this request

Ven# \_\_\_\_\_ Req# \_\_\_\_\_