

ACCOUNT REIMBURSEMENT / ACCOUNT TRANSFER

School Name:		Date:
Student's Name and I.D. #:		Total Amount: \$
Parent/Guardian's Name:		Reimbursement: <input type="checkbox"/>
Address:		Transfer Balance: <input type="checkbox"/>
City:		Student Name and I.D. # to Transfer Balance to:
State:	Zip Code:	Donation Amount: \$ <input type="checkbox"/>

Reimbursement Checks are processed in approximately four weeks.

Parent/Guardian's Signature

Manager's Signature and Date
Return form to CNDAccounts@fortbendisd.gov
REMEMBER TO TURN OFF AUTOMATIC
PAYMENTS IN SCHOOLCAFÉ.

Parent/Guardian's Telephone Number