

**Bakersfield City School District
Bakersfield, CA**

To: Fiscal Services
From: _____
School: _____
Date: _____

Re: TEXT BOOK / LIBRARY BOOK REFUND

Our Student: _____ reported a lost book.

This book was paid for on: _____ in the amount of \$ _____ .

Enclosed is a copy of the school receipt.

This book has now been found and returned to our school.

Please send a refund check to (please print information):

Parent Name _____

Mailing Address _____

City, State & Zip _____

Requested by: _____
(Signature)

School Phone # _____

For Fiscal Services Use Only --

Site/B.C.S.D. Receipt # _____ Amount \$ _____ Dated: _____

Budget Number _____