

Valparaiso Community Schools

Food and Nutrition Services

# PREPAYMENT FORM

Date: \_\_\_\_\_

Checks payable to: VCS Food Service

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Student ID \_\_\_\_\_

Deposit

Amount:

CASH \$ \_\_\_\_\_

CHECK \$ \_\_\_\_\_

Check # \_\_\_\_\_

Received By Cashier Name: \_\_\_\_\_

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