



SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT  
**INVOICE**

**FOR REFUND OF PAYMENT FOR LOST BOOK**

TO: FISCAL SERVICES – ACCOUNTS PAYABLE  
SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT  
1651 – 16<sup>TH</sup> STREET  
SANTA MONICA, CA 90404

PAYEE: **PARENT** NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ZIP CODE: \_\_\_\_\_

PLEASE PAY THE AMOUNT OF \$\_\_\_\_\_ FOR REFUND OF PAYMENT FOR THE FOLLOWING  
LOST BOOK THAT HAS BEEN FOUND AND RETURNED TO THE SCHOOL.

Book Title: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ ID #: \_\_\_\_\_

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FOR OFFICE USE ONLY:

The material listed above has been returned to the **TEXTBOOK DEPARTMENT** and the above  
refund should be processed. The original payment was paid on receipt number \_\_\_\_\_  
and said payment was sent to Fiscal Services for deposit with the **LOS ANGELES COUNTY  
TREASURER.**

Account number to be charged:

\_\_\_\_\_  
Signature of Textbook Coordinator

\_\_\_\_\_  
Date