



STUDENT MEAL ACCOUNT REFUND FORM

ALL REFUND CHECKS ARE MAILED WITHIN FOUR TO SIX WEEKS AFTER REQUEST IS RECEIVED.

Refund Request
(Fill out part 1 & 2)

Transfer Request*
(Fill out part 1 & 3)

Part 1:

PARENT/GUARDIAN'S NAME _____
DELIVERY ADDRESS _____
CITY, STATE & ZIP _____

Part 2:

SCHOOL _____ DATE _____
STUDENT NAME(S) _____ CUSTOMER ID #(S) _____

Part 3:

*If transferring funds between student accounts please state student names and amounts below.

Transfer from:	Transfer to:
_____	_____
STUDENT NAME/S	STUDENT NAME/S
_____	_____
CUSTOMER ID #/S	CUSTOMER ID #/S
_____	_____
SCHOOL/S	SCHOOL/S
_____	_____
\$ AMOUNT/S	\$ AMOUNT/S

OFFICE USE ONLY

Account Balance: _____ Pmnt. Type: _____ Dep. Date: _____
CASH or CHECK#
Amount Refunded: _____ Date Refunded: _____ Cash Refund Receipt #: _____

NUTRITION SERVICES DIRECTOR SIGNATURE NURTITION SERVICES ACCOUNTING SPECIALIST SIGANTURE

DISTRICT OFFICE SIGNATURE