

CHILD NUTRITION
PARENT REFUND AND/OR TRANSFER REQUEST

For refund check or transfer parent/guardian must complete information below and return to cafeteria manager. The cafeteria manager needs to attach a copy of student history before sending to Central Services. Checks will be mailed out in 2-3 weeks. Transfers take at least 24 hours.

Refunds and transfers on accounts may only be requested by the legal guardian of the student and in the case of joint guardianship both guardians must consent to the refund or transfer.

PARENT NAME _____

PARENT NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PARENT SIGNATURE _____

PARENT SIGNATURE _____

STUDENT NAME (FROM) _____ STUDENT # _____

STUDENT NAME (TO) _____ STUDENT # _____

SCHOOL (FROM) _____

SCHOOL (TO) _____

AMOUNT OF REFUND/TRANSFER _____

REASON FOR REFUND/TRANSFER _____

MANAGER SIGNATURE _____ DATE _____

Approval to Pay _____ CN Director/CN Supervisor	This instrument has been pre audited in the manner required by the School Budget and Fiscal Control Act. _____ Finance Officer/Designee Date
Acc. # 5.2410.000.000.sch	Ck # _____ Date _____ Amt. _____