

Refund Request from the Child Nutrition Meal Program

All requests for refunds must be submitted no later than 1:00 pm on June 18th, 2013

The below information is required in order to receive a refund.

Household Information: (please print) <i>include all students in the household regardless of balance</i>		
Students Name	**Amount of Refund	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Parent/Guardian Name:	**Total Amount of Refund:	\$ -
Refund will be mailed to: (please print)	Signature of Parent	
Name:	X	
Mailing Address:		
City/State:	Date	
Zip code:		
Daytime Phone Number:		
Federal Programs or the District office must approve this request in order for refund to be processed. The request may take up to 8 weeks for processing.		
Refunds will not be issued until final day of student attendance. All outstanding charges from students belonging to the same household will be deducted prior to processing the final refund.		
**Balance shown on the POS may not reflect recent transactions and adjustment may be necessary prior to refund.		

Office Use Only		
Signature of Approver		Final Documented Amount of Refund:
X		\$