



**Cambridge Isanti Schools
Food Service Department**

**Debbie Knickerbocker, Food Service
Administrative Assistant**
625A Main St North Cambridge, MN 55008
dknickerbocker@c-ischools.org 763-689-6237

**Food Service Department
Meal Account Refund Request Form**

_____ Please donate my meal account balance to the Angel Account to help pay for meals for students in need.

_____ Please donate my meal account balance to a specific family or student (Name) _____.

_____ Please refund me my meal account balance.

Please refund the following student(s) meal account:

| <u>Student Full Name</u> | <u>Grade/School</u> | <u>Date of Birth</u> | <u>FNS-Office Use Only</u> Meal Account Balance/Date Processed |
|--------------------------|---------------------|----------------------|---|
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| | | | |
| | | | |

Reason for refund: _____

Please send refund check to the following person/address (please allow 4-6 weeks for processing):

| | |
|---|----------------------------|
| Name of Person Requesting Refund (Print) & Refund Check to be processed to: | Address to forward Refund: |
|---|----------------------------|

Signature/Date

Signature is required of person requesting refund and verifies that they have made the deposit into Cambridge-Isanti Public Schools, Food Service meal account system for the above referenced student(s).

Complete & send form to Debbie Knickerbocker, C-I Food Service:

| | | |
|---|----------------------|---|
| Mail: CI Food Service 625A Main St North Cambridge, MN 55008 | Fax: 763-689-6200 | Scan & Email: dknickerbocker@c-ischools.org |
|---|----------------------|---|

If you have any questions, please do not hesitate to contact Debbie with CI Food Service Department at 763-689-6237.

OFFICE USE ONLY

The aforementioned account has been verified with the balance of: AMOUNT \$ _____

Account Code: 02-005-770-000-701-601 Approval Signature: _____ Date: _____