

**POWAY UNIFIED SCHOOL DISTRICT
Food and Nutrition Department
School Meal Money Refund/Transfer Form**

Please complete this form and send to: Food and Nutrition Department, 12225 Kirkham Road, Suite 100, Poway, CA 92064-8847, FAX (858) 486-1805 or E-Mail: ahowse@powayusd.com

Student ID	Student Name	School Name	Amount
TOTAL:			

Refunds of \$15.00 or more may be paid by check and mailed. All others: After receipt and approval of the refund, the parent/guardian will be notified so the refund may be picked up from the Food and Nutrition Department at 12225 Kirkham Road, Suite 100, Poway, CA 92064-8847.

PLEASE CHECK ONE OF THE FOLLOWING:

DONATION – Please keep my refund and use it as a donation to help Needy Families pay for their meals.

TRANSFER – Please transfer my refund amount to the following sibling/household member(s).

Student Name	Student ID and School Name	Amount
_____	_____	_____
_____	_____	_____

REFUND – Please send my refund of \$15.00 or more to the following:
 Parent/Guardian Name: _____
 Address: _____
 City, State, ZIP: _____
 Phone: () _____ E-mail: _____

REFUND – Please notify me when to pick-up my refund of less than \$15.00.

Parent/Guardian Signature: _____ **Date:** _____

Reason for Refund: Moving out of District
 Free or Reduced Price meals as of _____ (Date)
 End of School Year Refund
 Other _____

If you have any questions, please contact your child's Nutrition Center Supervisor or Amy Howse via phone: (858) 668-2562 or e-mail: ahowse@powayusd.com

For Food and Nutrition Department Use Only

Total Amount: \$ _____
Date Processed: _____
Amount Picked Up: \$ _____ **Name/Signature:** _____
Accountant Signature: _____