

### Refund, Transfer or Donate Students Cafeteria Balance Form

(Please Print)

Parents please complete and sign form. Return to the Food Service Department or School Cafeteria.

**Please check mark the correct box and complete the information needed to process:**

**Refund:** (A refund check will be mailed out in 2-3 weeks to the address you have requested below.)

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_ School \_\_\_\_\_ Balance on Act: \$ \_\_\_\_\_

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Student Name: \_\_\_\_\_ ID# \_\_\_\_\_ School \_\_\_\_\_ Balance on Act: \$ \_\_\_\_\_

**Refund Reason:** \_\_\_\_\_ **Total Refund: \$** \_\_\_\_\_

**Refund Check made out to:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Transfer:** (to a sibling)

From: Student Name: \_\_\_\_\_ ID# \_\_\_\_\_ School \_\_\_\_\_ Amount \$ \_\_\_\_\_

To: Student Name: \_\_\_\_\_ ID# \_\_\_\_\_ School \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Donate to "Hungry Tummys Account" for students in need:**

Transfer funds from student(s) meal account or donate by cash/check.

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_ School \_\_\_\_\_ Amount to transfer \$ \_\_\_\_\_

For School cafeteria: \_\_\_\_\_ Donation Amount: \$ \_\_\_\_\_

**Parent Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

***For Office Use:*** ↓

Check # : \_\_\_\_\_ Amount: \_\_\_\_\_

Date sent: \_\_\_\_\_ Sent by: \_\_\_\_\_