



**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:

Student ID	Student Name	School Name	Amount
<b>TOTAL:</b>			

Refunds of \$15.00 or more may be paid by check and mailed. Refunds of less than \$15.00 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.

Reason for Refund:  Moving out of District  
 End of School Year Refund  
 Other \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please note that a student’s meal account money is automatically carried over to the next school year **EXCEPT** after completion of the 12th grade. If your child will not be attending a school within the Poway Unified School District, his/her money will be transferred to another sibling in your family or refunded after completion of this form. Please allow 30 days for your request to be processed. Please contact the Food and Nutrition Department office at (858) 668-2562 or e-mail: [elaguda@powayusd.com](mailto:elaguda@powayusd.com) if you have any questions or need clarification.

<b>Office Use Only:</b>	Amount Refunded/Transferred: \$ _____
<b>Accountant Signature:</b> _____	<b>Date:</b> _____