

SCHOOL NUTRITION - PARENT REFUND REQUEST

For refund check parent/guardian must complete information below and return to cafeteria manager or School Nutrition Services. Mailing address - 407 N. Main St. Suite 100, Monroe, NC 28112 or fax # 704-296-0004.

The cafeteria manager needs to attach a copy of student history showing balance before sending to Central Services. Checks will be mailed out in 2-3 weeks.

Refunds on accounts may only be requested by the legal guardian of the student and in the case of joint guardianship both guardians must consent to the refund.

DATE _____ PHONE _____

PARENT NAME _____

PARENT NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

*PARENT SIGNATURE _____

*PARENT SIGNATURE _____

STUDENT NAME _____ STUDENT # _____

STUDENT NAME _____ STUDENT # _____

STUDENT NAME _____ STUDENT # _____

STUDENT NAME _____ STUDENT # _____

AMOUNT OF REFUND _____

REASON FOR REFUND _____

MANAGER SIGNATURE _____ DATE _____

*UCPS employee _____ (please check)

Approval to Pay _____ SNS Director/SNS Supervisor	This instrument has been pre audited in the manner required by the School Budget and Fiscal Control Act. _____ Finance Officer/Designee Date
Acc. # 5.2410.000.000	Ck # _____ Date _____ Amt. _____