

# **SCHOOL NUTRITION - PARENT REFUND REQUEST**

For a refund check parent/guardian must complete the information below and return the form to the cafeteria manager or School Nutrition Services mailing address - 407 N. Main St. Suite 100, Monroe, NC 28112. Fax # 704-296-0004 or email form to School Nutrition Services Accountant – [Melinda.Locklear@ucps.k12.nc.us](mailto:Melinda.Locklear@ucps.k12.nc.us)

The cafeteria manager needs to attach a copy of student history showing balance before sending from to School Nutrition 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. _____