



**Food & Nutrition Services
 Meal Account Refund Request Form**

_____ Please donate my meal account balance to the Angel Account to help pay for meals for students in need.

_____ Please donate my meal account balance to a specific family or student (Name) _____.

_____ Please refund me my meal account balance.

Please refund the following student(s) meal account:

<u>Student Full Name</u>	<u>Grade/School</u>	<u>Date of Birth</u>	<u>FNS-Office Use Only</u> Meal Account Balance/Date Processed

Reason for refund: _____

Please forward refund check to the following person/address (please allow 4-6 weeks for processing):

Name of Person Requesting Refund (Print) & Refund Check to be processed to:	Address to forward Refund:

 Signature/Date

Signature is required of person requesting refund and verifies that they have made the deposit into Pine City Public Schools, Food & Nutrition Service meal account system for the above referenced student(s).

Complete & send form to Paige Olson, Food & Nutrition Services:

Mail: 1400 Main St S Pine City, MN 55063	Fax: 320-629-4070	Scan & Email: polson@isd578.org
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If you have any questions, please do not hesitate to contact Food & Nutrition Services 320-629-4167.

OFFICE USE ONLY

The aforementioned account has been verified with the balance of: AMOUNT \$ _____

Account Code: 02-005-770-701-099-000 Approval Signature: _____ Date: _____