



Food & Nutrition Services Cafeteria Lunch Account Refund Request Form (School/Cafeteria Use Only)



Complete this form for refunds of \$10 or less. These requests are processed by your child's cafeteria manager and disbursed at the school level to parent or guardian. **Cafeteria Level Refunds are granted from September 1-May 31.**

Incomplete information or failure to sign could delay the of processing your refund or result in the return of the request.

Date: _____

School's Name: _____

I, _____ am requesting a refund of my son/daughter(s) lunch account (see below).

	Student's Name	Grade	Amount
1.			\$
2.			\$
3.			\$
4.			\$

Reason For Request Is One Of The Following:

Please place in "x" in the appropriate box:

- Change in Meal Benefit Eligibility/Status
- Student no longer enrolled in Prince George's County Schools
- Student is a graduating senior or will graduate this current school year
- Overpaid/Other _____

Signature(REQUIRED): _____

I, _____ give Food & Nutrition Services permission to refund the requested amount to my son/daughter.

Note: Refunds greater than \$10.01 requires the completion of Form FNS RTD- Refund/Transfer/Donation Request Form.

Cafeteria Manager: Retain original request with daily paperwork with supporting documentation .