



# Food & Nutrition Services Pre-paid Lunch Account



## Refund/Transfer/Donation Request Form (Central Office)

Complete this form for all mailed refunds and Cafeteria Level requests submitted June 1<sup>st</sup>-August 31<sup>st</sup>. Requests for refunds are processed and mailed within 4-8 weeks.

Submit completed form in one of the following manners: **1) Scan & Email to:** [FNS.Refunds@pgcps.org](mailto:FNS.Refunds@pgcps.org) (.jpg not accepted); **2) Fax to:** 301.637.4512; **or 3) Mail to:** Food & Nutrition Services Accounting Office-Refunds, 13300 Old Marlboro Pike T-1, Upper Marlboro, MD 20772

Date: \_\_\_\_\_

I, \_\_\_\_\_ am requesting a refund/transfer/to donate my son/daughter(s) lunch account (see below).

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

**Reason For Request:** Please place in "X" in the appropriate box:

- |  |   |
|--|---|
| <input type="checkbox"/> Change in Meal Benefit Eligibility/Status                             | <input type="checkbox"/> Student no longer enrolled in Prince George's County Schools |
| <input type="checkbox"/> Student is a graduating senior or has graduated this last school year | <input type="checkbox"/> Overpaid/Other _____   |

Transfer/Donation Requests				
Transfer Money From:				
	Student's Name	School's Name	Grade	Amount
				\$
Transfer Money To:				
	Student's Name	School's Name	Grade	Amount
1.				\$
2.				\$
3.				\$
<b>Donate to Principal's Lunch Loan Account</b>				<b>\$</b>

**Please Complete Each Section Below:**

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

Parent/Guardian Name (please print): \_\_\_\_\_

Mailing Address of : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

Signature(REQUIRED): \_\_\_\_\_