

**PLUMAS LAKE ELEMENTARY SCHOOL DISTRICT
NUTRITION SERVICES**

PARENT TRANSFER/REFUND REQUEST FORM

Date: _____

Student Name: _____ School: _____ Student #: _____

I would like to request that the balance of my child's account be *transferred* to his/her sibling(s):

Name: _____ School: _____ Student #: _____ Amount: \$ _____

Name: _____ School: _____ Student #: _____ Amount: \$ _____

I would like to request a *refund* of \$ _____ from my child/children's cafeteria account.

I would like to request a *refund* for the balance of my child/children's cafeteria account.

Reason for Refund:

Parent Name: _____ Phone #: () _____

Address: _____

Parent Signature: _____

PLEASE RETURN THIS FORM TO THE ADDRESS LISTED BELOW:

NUTRITION SERVICES, PLESD
2743 PLUMAS SCHOOL ROAD
PLUMAS LAKE, CA 95961

OR EMAIL TO: MDELONG@PLUSD.ORG

Questions regarding this form, please call the Nutrition Services Office at (530) 743-4428 ext. 1771

Method of Payment for Refunds:

- Account balance(s) will be verified by Nutrition Services.
- A refund will be paid by check issued by the District. Checks will be mailed to the above address within 2-3 weeks.
- A \$5 fee will be deducted from balance due for all checks issued.

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Do not complete - for office use only!

Refund Processed on _____ Approved By: _____
Budget Code: _____