



**NUTRITION SERVICES**

23306 Cree Street NW, Suite 103 • St. Francis, MN 55070

Phone 763-753-7015 Fax 763-753-7709

[www.isd15.org](http://www.isd15.org) [nutrition.office@isd15.org](mailto:nutrition.office@isd15.org)

**LUNCH ACCOUNT TRANSFER OR REFUND REQUEST FORM**

Transfer/refund request in the amount of \$ \_\_\_\_\_

From: Student \_\_\_\_\_ School \_\_\_\_\_

To: Student \_\_\_\_\_ School \_\_\_\_\_

Or, donate to: Angel Fund at School \_\_\_\_\_

Or, please send check to:

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ (required)

Close account: [ ] yes [ ] no

Please forward this document to the Nutrition Services Office for processing.

\*Note: If other household students have outstanding negative balances, money will be applied to those accounts before a refund is issued.

Refunds are subject to balance verification.

Refunds will only be issued upon approval of the Nutrition Services Department.

Refunds may take 4-6 weeks.