

MEAL ACCOUNT REFUND REQUEST

Bullitt County School Food Service

Complete and submit this form when requesting a meal account refund.

PARENT OR GUARDIAN INSTRUCTIONS:

1. This form will only be accepted if completed by the student's parent/guardian.
2. Return completed form to cafeteria manager for processing.
3. If you have not received a check within three (3) weeks from the date you submitted your request to the cafeteria manager, please contact the School Food Service office at 869-8050 since a refund request may take 2-3 weeks for processing.

PARENT OR GUARDIAN INFORMATION

Requested By: _____ Date of Request: _____

Relationship to the student: Parent Guardian Daytime Phone: _____

Mailing Address (This is the address that the refund check will be mailed to.) _____

Reason for Refund: _____

Amount Requested _____

Signature of Parent or Guardian Making Request _____

STUDENT INFORMATION

Student's Name: _____ POS # (If available) _____

School Name: _____

CAFETERIA MANAGER INSTUCTIONS:

1. Complete a Standard Invoice for account refunds.
2. Attach this request to the completed Standard Invoice.
3. Attach a current copy of the student's transaction history to show current account balance.
4. Send Standard Invoice and all attachments to the School Food Service office for processing.

SCHOOL FOOD SERVICE OFFICE USE ONLY

Processed By: _____ Date: _____ Amount of Refund: _____

Comments _____
