

MEAL ACCOUNT TRANSFER REQUEST
Bullitt County School Food Service

PARENT OR GUARDIAN INFORMATION

Requested By _____ Date of Request _____

Relationship to the student: Parent Guardian Daytime Phone _____

Reason for Transfer _____

Signature of Parent or Guardian Making Request _____

STUDENT TO TRANSFER FROM:

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

School Name _____ Amount (If available) _____

STUDENT TO TRANSFER TO:

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

School Name _____

SCHOOL FOOD SERVICE OFFICE USE ONLY

Processed By _____ Date _____ Amount Transferred _____

Comments _____