

REQUEST FOR REFUND TO PREPAID SCHOOL MEAL ACCOUNT 2021/2022



TO: BSD ACCOUNTING DEPARTMENT

FROM: NUTRITION SERVICES

Date: _____

Student's Name

Student 's ID #

I would like to request a (choose one):

Refund:

Donation to the Sunshine Account for needy students

Amount

Transfer of funds to a sibling:

Siblings Name, ID # & School

from a prepaid school meal account at:

School Name

The reason for this request is:

If requesting a refund, mail to:

Adult's First Name

Adult's last name

Street

Apt #

City

State

Zip

Phone Number

Adult Signature

Please remember to turn off your Automatic Payments with Paypams

Return form to:

Nutrition Services

Bellevue School District

Fax: 425-456-4586

12037 NE 5th Street

Email: nutrition@bsd405.org

Bellevue, WA 98005

Office: 425-456-4507

For office use only:

Refund of Revenue 10.0.60.6200.LL.16202.98.4400.422980

(Cashier-enter school # for LL)

Cashier Name: _____

Signature: _____

Date: _____

Nutrition Services Approval MSC: _____

