



Nutrition Services
4570 Victoria Street North
Shoreview, MN 55126
Phone #651-621-6022
Fax# 651-621-6026

Email: heather.schmidt@moundsviewschools.org

REQUEST FOR REFUND-NUTRITION SERVICES

I request the amount remaining in the account to be refunded as follows:

Parent/Guardian:

Name (First/Last): _____

Street Address: _____

City, State, ZIP: _____

Signature: _____

Student Information:

Name (First/Last): _____ St ID# _____

School Name: _____

CHECK ONE BOX BELOW:

- Mail a refund check if balance is greater than \$5.00
- Transfer remaining \$ to sibling (Name) _____
- Transfer remaining \$ balance to Angel Fund

* * * * * DO NOT WRITE BELOW THIS LINE * * * * *

The above-defined account has been verified with the balance of:
AMOUNT \$ _____

Account Code: 02-005-770-000-701-099

Approval Signature: _____ Date: _____