



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

Email: [nutritionservices@moundsviewschools.org](mailto:nutritionservices@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: \_\_\_\_\_