



# Refund/Donate/Transfer Request Form

## Ozark Food Service

All refund checks will be issued by the District Office and mailed to the address listed below. Incomplete information or failure to sign will result in a delay of your refund. If you have any questions/concerns, please call 582-5900 ext. 3967. You may choose to have your balance refunded, donated to another student, or transferred to another child within your household.

**Reminder: Refunds will take min. 30 days to process.  
Emailed or Faxed forms are allowed, however a signature is required.**

**Reason for Request:**

**Date:** \_\_\_\_\_

- Student no longer attending
- Overpaid
- Lunch Status Change (full to free)
- Other \_\_\_\_\_

**Fill out both boxes  
below to complete  
your request.**

1. Student Name: _____
Grade: _____ Balance on Account: \$ _____
2. Student Name: _____
Grade: _____ Balance on Account: \$ _____
3. Student Name: _____
Grade: _____ Balance on Account: \$ _____

<b>Please Circle One:</b>
<b>Refund / Donate / *Transfer</b>
<b>Total \$</b> _____
*Transfer from: Student Name: _____
*Transfer to: Student Name: _____

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Signature (REQUIRED):** \_\_\_\_\_

**Mail Check to:** \_\_\_\_\_ **city, state** \_\_\_\_\_ **zip** \_\_\_\_\_

**Contact Phone Number (REQUIRED):** \_\_\_\_\_

Office Use Only: Authorization \_\_\_\_\_  
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Revised: November 2020

Return this form to: Nutrition Services  
1600 West Jackson Street  
Ozark, MO 65721  
Fax: 417-582-5928