



School District 622

NORTH ST. PAUL | MAPLEWOOD | OAKDALE

Ready for tomorrow

Mail completed form to:

622 Nutrition Services
2520 E. 12th Avenue
North St. Paul, MN 55109 or
Email: dkavaloski@isd622.org

Request for Refund

I request the amount remaining in the account to be refunded as follows:
(PLEASE PRINT LEGIBLY)

Parent/Guardian:

Name (First/Last): _____

Street Address: _____

City, State, Zip: _____

Signature: _____

Phone Number _____

Student Information:

Name (First/Last): _____

School Name: _____

Reason for Refund: _____

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

The above account has been verified with the balance of:

Amount: \$ _____

Account Code: 02-L-230-20

Signature/Cost Center Manager: _____ **Date:** _____

Approved by/Business Officer: _____ **Date:** _____