



# UUSD Nutrition Services

## Refund/Transfer/Donation Request Form

Requests for refunds are processed and mailed within 30-45 business days.  
Mail form to: Nutrition Services Accounting, 390 North Euclid Avenue, Upland, CA 91786  
Email form to: [nutrition\\_services@upland.k12.ca.us](mailto:nutrition_services@upland.k12.ca.us)

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

I, \_\_\_\_\_ am requesting a refund/transfer/to donate my son/daughter(s) lunch account (see below)

1. Student's Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Amount \$ \_\_\_\_\_

2. Student's Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Amount \$ \_\_\_\_\_

3. Student's Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Amount \$ \_\_\_\_\_

### Reason For Request:

Please place in "X" in the appropriate box:

☐

Change in Free/Reduced eligibility

☐

Student no longer enrolled in Upland Unified Schools

☐

Student has graduated or will graduate this current school year

☐

Overpaid/Other \_\_\_\_\_

Please Complete Each Section Below:

Incomplete information or failure to sign will delay processing of your request.

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

Address of: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

### Transfer or Donation Request

Transfer from Student: \_\_\_\_\_

Student's School: \_\_\_\_\_

Transfer to Student: \_\_\_\_\_

Transfer to Student's School: \_\_\_\_\_

Amount Transferred: \$ \_\_\_\_\_

Transfer to Student: \_\_\_\_\_

Transfer to Student's School: \_\_\_\_\_

Amount Transferred: \$ \_\_\_\_\_

Donate to Principal's Lunch Loan Account: \$ \_\_\_\_\_