REQUEST FOR ADJUSTMENT TO PREPAID SCHOOL MEAL ACCOUNT 2023/2024

TO: BSD ACCOUNTING DEPARTMENT

FROM: NUTRITION SERVICES

Date: _____

_____ _____

Student's Name *Student 's ID #*

I would like to request a (choose one):

☐ Refund: ☐ *Amount*

☐ Donation to the Sunshine Account for needy students

☐ Transfer of funds to a sibling: _____

Siblings Name, ID # & School

from a prepaid school meal account at: _____

School Name

The reason for this request is: _____

If requesting a refund, mail to: _____

Adult's First Name *Adult's last name*

_____

Street *Apt #*

_____

City *State* *Zip*

_____

Phone Number

_____

Adult Signature

Please remember to turn off your Automatic Payments with Paypams

Return form to: **Nutrition Services**

Bellevue School District

12037 NE 5th Street

Bellevue, WA 98005

Fax: **425-456-4586**

Email: **nutrition@bsd405.org**

Office: **425-456-4507**

For office use only:

Refund of Revenue **10.0.60.6200.LL.16202.98.4400.422980**

(Cashier-enter school # for LL) ☐

Cashier Name: _____

Signature: _____

Date: _____

Nutrition Services Approval MSC: _____