

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

To: Manhasset UFSD  
200 Memorial Place  
Manhasset, NY 11030  
Attn: Carol Ann DaProcida/Central Admin Building

Re : Lunch Balance

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Amount: Full Remaining Balance

Please accept this letter as our formal request for a refund of the lunch account balance(s) for the student(s) referenced above.

Please make your check payable to:

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Thank you

---

**Signature of Guardian on file**

Please complete, sign and return this form by any method listed below. Please deposit your refund check upon receipt.

**Scan or take a CLEAR picture with your phone and email as an ATTACHMENT to CDaProcida@manhassetsschools.org**

**Return by fax to 516-706-2377 or**

**in an envelope marked: Central Admin Bldg – C.DaProcida/Refund – and give to the cafeteria cashier**

**or Mail to Manhasset UFSD – Central Admin Building , 200 Memorial Place, Manhasset, NY 11030 Attn: Carol Ann DaProcida/Refunds**