

# Roanoke County Schools

## Nutrition Services

Phone: 540-562-3788  
 5937 Cove Road  
 Roanoke, VA 24019  
 Fax : 540-562-3974  
 nutrition@rcps.us



# Request for Meal Account Refund

Please complete one (1) form per household. List each student individually on the same form.

<b>School:</b>	
<b>Student Name and Bar Code</b> <small>Proper Name as shown in Student Database System</small>	
<b>Parent or Guardian's Name:</b> <small>Refund check will be issued to the person(s) listed</small>	
<b>Reason for Refund:</b> <small>Required</small>	
<b>Mailing Address:</b> <small>Refund will be mailed to the listed address</small>	
<b>Please issue a check in the amount of \$ _____ to reimburse an over-payment to my student's lunch account.</b>	
Parent /Guardian	Date
<b>I certify that the student is due the above refund amount and have provided the documentation of this overpayment.</b>	
Nutrition Manager	Date
<b>I approve the refund of this student's lunch account over-payment.</b>	
Nutrition Department Approving Official	Date