



Gilbert Public Schools Nutrition Services Refund or Donation Request Form

NOTE: IF YOU HAVE AN ACCOUNT SET UP WITH AUTOMATIC REOCCURRING PAYMENTS PLEASE LOG INTO YOUR ACCOUNT AND DISABLE THE PAYMENT FEATURE BEFORE SUBMITTING THIS FORM. Please complete this form and send it to Karen Miller via e-mail: karen.miller@gilbertschools.net

Refunds will be mailed to the address you provide below. Refunds take approximately 3-4 weeks.

Student Information

Student Name	Student ID	School Name	Refund Amount
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
Grand Total			\$

Parent Information for Reimbursement

Parent/Guardian Name:		
Address:		
City:	State:	Zip Code:
Phone: ()	E-mail:	
Parent Signature:		

Would you like to feed it forward and donate leftover funds to the Principal fund for students in need? If so, check this box. School Preference, if any: _____

For Nutrition Services Use Only

Total Refund Amount: \$	Processor Initials:
Date of Refund Request:	