



Refund/Donate/Transfer Request Form

Ozark Food Service

All refund checks will be issued by the District Office and mailed to the address listed below. Incomplete information or failure to sign will result in a delay of your refund. If you have any questions/concerns, please call 582-5900 ext. 3967. You may choose to have your balance refunded, donated to another student, or transferred to another child within your household.

**Reminder: Refunds will take min. 30 days to process.
Emailed or Faxed forms are allowed, however a signature is required.**

Reason for Request:

Date: _____

- Student no longer attending
- Overpaid
- Lunch Status Change (full to free)
- Other _____

**Fill out both boxes
below to complete
your request.**

1. Student Name: _____
Grade: _____ Balance on Account: \$ _____
2. Student Name: _____
Grade: _____ Balance on Account: \$ _____
3. Student Name: _____
Grade: _____ Balance on Account: \$ _____

Please Circle One:
Refund / Donate / *Transfer
Total \$ _____
*Transfer from: Student Name: _____
*Transfer to: Student Name: _____

Parent/Guardian Name (please print): _____

Signature (REQUIRED): _____

Mail Check to: _____ **city, state** _____ **zip** _____

Contact Phone Number (REQUIRED): _____

Office Use Only: Authorization _____
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Revised: September 2025

Return this form to: Nutrition Services
1600 West Jackson Street
Ozark, MO 65721
email: leannsutterfield@ozarktigers.org