WASHOE COUNTY SCHOOL DISTRICT

NUTRITION SERVICES
585 SPICE ISLANDS COURT
SPARKS, NV 89431
775-325-8410

PREPAYMENT REFUND/TRANSFER REQUEST FORM

Please indicate if you would like a refund or make a donation to the WCSD unpaid meal balance by checking a box below. If you would like to transfer funds between two WCSD students please fill out the bottom portion of this form. Once the form is complete with **Signature. Please mail it to the address listed at the top of this form, or email it to NSAccounting@WashoeSchools.net.

Refund ☐ **Transfer** ☐ **Donation** ☐

Student Name: _____

School Site: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please allow 4-6 weeks for a check to arrive.

Please transfer the Nutrition Services account balance between the following students:

Transfer From:

Student Name: _____

School Site: _____

Transfer To:

Student Name: _____

School Site: _____

****Parent Signature:** _____ **Date:** _____

NUTRITION SERVICES USE ONLY

DATE RECEIVED: _____ DATE PROCESSED: _____

PROCESSED BY: _____