



All balances (positive & negative) carry over to the following year.

Refunds may take up to four weeks to process.

Refund or Account Transfer:

- A. Please complete the top portion of the attached refund/transfer form and send it to the Food & Nutrition Services Office. The completed form can be mailed to Food & Nutrition Services Office, Attn: Valerie Dugan at 1812 27th Street East, Bradenton, FL 34208 or emailed to Valerie Dugan at duganv@manateeschools.net.
- B. If the student is a graduating senior and they have a sibling in a district public school, we can transfer their positive balance to the sibling. If this is the case, you will complete the bottom half of the refund/transfer form and send it to the Food & Nutrition Services Office via one of the same methods used for refunds.

Payments:

If a parent would like to make a payment to their students account, they can make an electronic payment using My Payments Plus or they can mail a check to the district office.

- A. My Payments Plus is a secure website <https://www.mypaymentsplus.com/welcome> . The parent will need to create an account if they do not already have one and will need their student's ID number to add them to an account.
- B. If they choose to mail a check, they can send it to the Food & Nutrition Services Office, Attn: Valerie Dugan at 1812 27th Street East, Bradenton, FL 34208. Please note that we do not accept starter checks (must be pre-printed) and the check must have the students name and/or ID written in the memo section.

Food & Nutrition Services
1812 27th Street E., Bradenton, FL 34208
(941) 739-5700



Food & Nutrition Services
1812 27th Street E
Bradenton, FL 34208



ACCOUNT REFUND/TRANSFER FORM

We must have a parent request in writing to process a refund or transfer of funds* on school meal accounts.

To request a refund please include the following information:

Student Name: _____

School: _____

Student ID# _____

Refund Amount \$ _____

Parent or Guardian Name to address the refund to: _____

Phone Number/Email of person requesting refund: _____

Mailing address for refund check to be mailed to: _____

Reason for Refund: _____

Parent Signature: _____

To transfer funds from one account to another please supply the following information:

Transfer funds from: Student Name: _____

School: _____

Student ID#: _____

Transfer funds to: Student Name: _____

School: _____

Student ID#: _____

Full Balance or Other Amount _____ (Circle One & Enter Amount, if Other)

Reason for Transfer _____

OFFICE USE ONLY

Completed by: _____

Date: _____

***Please Note: Money cannot be transferred to or from a student that is not attending a Manatee County Public School (i.e. Rowlett Academy, Rowlett Middle, Manatee School for the Arts, Manatee Charter).**