

Food & Nutrition Services 1 Matzke Way 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.

Stud	dent Name:
Sch	ool:
Stud	dent ID#
Ref	und Amount \$
Par	ent or Guardian Name to address the refund to:
Pho	ne Number/Email of person requesting refund:
Mai	ling address for refund check to be mailed to:
	Defend a
Reason for	Refund:
_	
	funds from one account to another places supply the following information:
To transfer Tran Sch	funds from one account to another please supply the following information: nsfer funds from: Student Name: ool: dent ID#: nsfer funds to: Student Name:
To transfer Tran Sch Stud	funds from one account to another please supply the following information: nsfer funds from: Student Name: ool: dent ID#:
To transfer Tran Sch Stud Tran Sch	funds from one account to another please supply the following information: nsfer funds from: Student Name: ool: dent ID#: nsfer funds to: Student Name:
Fo transfer Tran Sch Stud Tran Sch Stud	funds from one account to another please supply the following information: nsfer funds from: Student Name: ool: dent ID#: nsfer funds to: Student Name: ool:

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, Lincoln Academy, Manatee School for the Arts).