



Bremen City Schools Nutrition Program

Lunch Money Refund Form

To be completed by the parent/guardian of the account holder
(A graduating senior may complete for him/herself)

Account Holder's Name: _____

School: _____ Account ID #: _____

Reason for Request: _____

(If applicable): Date student will withdraw (or has been withdrawn): _____

I am authorized to request this refund as the student or parent/guardian of the student listed above.

Print Name: _____ Date: _____

Signature: _____

If account balance is greater than \$20.01, a check will be mailed from the Central Office.

Please complete the following:

Make check payable to: _____

Mail check to: _____

Street or Post Office Box

City, State, Zip

Complete if money was refunded from the cafeteria cash drawer:

Date money refunded: _____ Amount refunded: _____

Manager signature: _____

Cash refund:
(\$20.00 or less)

Print student history
Create refund (enter a negative deposit)
Sign and date refund request and attach to history.
File with daily paperwork.

Check refund:
(\$20.01 or more)

Print student history
Staple to refund request and send to SNP Office for processing
SNP Office – debit refund amount to account

SNP use only – Amount approved: _____ Approved by: _____

“This institution in an Equal Opportunity Provider.”