



## 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(If applicable): Date student will withdraw (or has been withdrawn): \_\_\_\_\_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

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#### Complete if money was refunded from the cafeteria cash drawer:

Date money refunded: \_\_\_\_\_ Amount refunded: \_\_\_\_\_

Manager signature: \_\_\_\_\_

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**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.”