



# Department of Food & Nutrition Services

## Pre-paid Meal Account

### Refund/Transfer/Donation Request Form

Complete form for refunds, transfers or donations. Transfers and donations are processed within 1 business day. Refund requests are processed and mailed within 4-8 weeks. **Refunds are no longer available via cafeteria-all requests must be submitted to Food & Nutrition Services' Accounting Office. Refunds are available up to one fiscal year after graduating or withdrawing from PGCPS;unrequested balances will be forfeited and donated to the lunch loan allowance fund.**

Submit completed form in one of the following manners: **1) Scan & Email to:** [FNS.Refunds@pgcps.org](mailto:FNS.Refunds@pgcps.org) (.jpg or .png not accepted) ; **2) Fax to:** 301.637.4512; **or 3) Mail to:** Food & Nutrition Services Accounting Office-Refunds, 13300 Old Marlboro Pike T-1, Upper Marlboro, MD 20772. If an email address is provided, a confirmation will be sent upon completion of requested action.

**Date:** \_\_\_\_\_

I, \_\_\_\_\_ am requesting a refund/transfer/to donate my son/daughter(s) lunch account (see below).

#### Refund Requests

	Student's Name	School's Name	Grade	Amount
1.				\$
2.				\$
3.				\$
4.				\$

**Reason For Request:** Please place in "X" in the appropriate box:

<input type="checkbox"/> Change in Meal Benefit Eligibility/Status	<input type="checkbox"/> Student no longer enrolled in Prince George's County Schools
<input type="checkbox"/> Student is a graduating senior or has graduated this last school year	<input type="checkbox"/> Overpaid/Other _____

#### Transfer or Donation Requests (within PGCPS)

##### Transfer Money From:

	Student's Name	School's Name	Grade	Amount
				\$

##### Transfer Money To:

	Student's Name	School's Name	Grade	Amount
1.				\$
2.				\$
3.				\$

##### Donate to Lunch Loan Allowance Fund

\$

**Please Complete Each Section Below:**

Incomplete information or failure to sign will result in the return of said request or in delayed processing.

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Number(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_** **E-mail Address** \_\_\_\_\_

**Signature(REQUIRED):** \_\_\_\_\_