

MEAL ACCOUNT REFUND/TRANSFER REQUEST FORM

Date of Request: _____

Please check the type of request and fill out the information below

Refund from a Meal Account Refund Amount: \$ _____

Student Name: _____

Student ID#: _____ Student Serving #: _____

Name of School: _____

Make Check Payable To: _____

Mailing Address: _____
Street

City State Zip

Daytime Phone: _____ Email: _____

Transfer to Another Meal Account Transfer Amount: \$ _____

Information for Meal Account being Transferred FROM

Student Name: _____

Student ID#: _____ Student Serving #: _____

Name of School: _____

Information for Meal Account being Transferred TO

Student Name: _____

Student ID#: _____ Student Serving #: _____

Name of School: _____

Parent / Guardian's Signature: _____

Signature is required to process refunds and transfers

This completed form needs to be brought to or sent to the Food Services Central Office at:
77 Texas Ave
Fort Campbell, KY 42223