## Meal Account Balance Refund/Transfer Approval

| ACCOUNT INFORMATION:                                    | STUDENT/ADULT NAME |                        |                   |
|---|--------------------|------------------------|-------------------|
| ACCOUNT BALANCE   | ID NUMBER          | SCHOOL                 | GRADE             |
| □ REFUND  |                    |                        |                   |
| ☐ <b>TRANSFER</b> : TRANSFER TO                         | STUDENT NAME       | ID NUMBER              | SCHOOL            |
| ☐ <b>DONATION TO HARDSHIP</b> STUDENTS IN NEED UNTIL TH |                    |                        | SHIP FUND TO HELP |
| Signature of Account Holder                             |                    | gnature of FNS Manager |                   |

FNS Manager Instructions: Retain one copy in the cafeteria file. Attach one copy to your weekly report. Scan and email a copy to FNS/Finance if the transaction cannot be completed in the cafeteria.