

Nutrition Services
3397 West Tharpe Street
Tallahassee FL 32303
Office (850) 488-7426
Fax (850) 488-4875



Nutrition Services: Refund Request Form

*******Please return to Nutrition Services*******

All refund requests must be submitted in writing. Your request will be processed based on the supporting documentation. You should receive the refund within 4 to 6 weeks. If there is an issue with your refund you will be contacted within 1 to 2 weeks. Note: We will use all necessary resources to contact the requestor in the case of an issue. However, it is the requestor's responsibility to follow up in the matter of not receiving a refund.

Guardian information. (Please note; the requestor must be listed on the Free/Reduced Application, or have other documentation stating they are eligible to receive the refund.)

Please **print** the following information clearly:

Pay To: _____
(parent/payer's name)

Address, City, State, Zip: _____

Daytime phone number: _____

Signature of requestor: _____

By signing this form you acknowledge that the above information is correct and that you are in fact listed on the current Free/Reduced application, or have provided other documentation confirming that you are entitled to the refund.

Student Information. (Please list the child(s) Name, School, Student ID or Lunch number.)

Name:	School:	Student ID/Lunch Number
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

Amount \$ _____

Cafeteria Manager's Signature _____ **Date:** _____

Rae Hollenbeck Signature _____ **Date:** _____
(Nutrition Services Director)

John Hentz Signature _____ **Date:** _____
(Nutrition Services Systems Analyst)