

DATE: _____

TO: FNS ACCOUNTING

FROM: _____
FNS MANAGER FNS SCHOOL SITE

IN RE: PRE-PAID MEAL REFUND/TRANSFER

Please issue a refund check to:

PARENT NAME _____

ADDRESS _____

STUDENT(S) NAME _____

PARENT SIGNATURE _____

FNS APPROVAL _____

TOTAL TO BE REFUNDED _____

ACCOUNT TO BE CHARGED:

130-9650-0000-0-0000-0000- _____ -000-0000-0
