



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 PDFs to:** FNS.Refunds@pgcps.org (.jpg, .png and pictures are not accepted) **or 2) Fax to:** 301.637.4512. 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.				\$
<i>(Amount dependent on available balance)</i> Requested Refund Amount				\$

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/has graduating(ed)- ONLY APPLICABLE TO 12TH GRADERS | <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 or illegible information as well as failure to sign will result in the return of said request and delay processing.

Parent/Guardian Name (please print): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Number(_____) _____ - _____ E-mail Address _____

Signature(REQUIRED): _____