

LUNCH ACCOUNT REFUND/TRANSFER SLIP

SLP

Food Service Department

Please indicate whether you are requesting a refund or would like to transfer funds to another student's account within the district.

REFUND

TRANSFER

PLEASE DONATE MY CHILD'S LUNCH ACCOUNT BALANCE TO A NEEDY STUDENT

Date: _____

Student's Name: _____

PIN #: _____

Amount of Refund: \$ _____

Parent Signature: _____

Mail check to: _____

Please return this form to:

Spring Lake Park School District 16/ Food Service
1415 81st Avenue NE
Spring Lake Park, MN 55432

TRANSFER INFORMATION

Please transfer funds to:

Student Name: _____

School: _____

PIN #: _____

For F/S Admin. Use Only:

Adjust \$ _____ Refund _____ Transfer _____ Date _____

Donation _____ Student's Name _____ Grade _____

Signature _____ Date _____

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