



Refund/Donation of Meal Account Balance

Dear Parents,

Please use this form to request a refund or transfer funds from your child’s meal account to another child (sibling) account. You may also choose to have this money donated to the “Fill My Tummy Fund” used to supply a meal to students needing assistance with lunch money.

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Withdrawing Student’s Name	Student ID#		Balance

___ Please **transfer the balance** to my other child’s meal account:

Student Name	Student ID#	School

___ I am requesting that my child’s meal account balance be **donated** to the Food Service/Fill My Tummy Fund to assist children in need of lunch money.

___ Please **refund** my child’s meal account balance to me.

Please make the check payable to: _____

Address: _____

Parent/Guardian Signature _____ Date _____

**Please note: If you have Email Notification or Auto Pay set up on MyPaymentsPlus.com, please turn those features off.*

Please return the completed form to: Child Nutrition Dept, 160 S. Hamilton Road, Gahanna, OH 43230; fax 614-478-5568, or email to fanslerb@gjps.org