



Attention Child Nutrition Services:

I, _____, am requesting a refund of pre-paid money, which has been credited to my child's Point of Sale Account. I would like for these funds to remain accessible to my child until _____, after which funds will no longer be available.
(date)

My child, _____, attends _____
and his/her PIN# is _____.

My contact information is as follows:

Name _____

Address _____

Phone number _____

Signature _____

Checks will not be issued for refunds under \$15.00 Refunds under \$15.00 will be refunded in cash and only at the Child Nutrition Office, 300 Pennsylvania, Webster, TX 77598. If you have any questions, call 281.284.0708.

This section to be completed by cafeteria manager:

Total account balance due on dated listed above: _____

Date you received this notification: _____

Manager's signature: _____

Please submit a copy of the student's detailed account report with this request.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."