



**REQUEST FOR: REFUND, TRANSFER, OR DONATION OF NUTRITION SERVICES ACCOUNT BALANCE**

Please complete form in its entirety and return to Allison Hernandez in Nutrition Services, Education Services Center,  
5776 S. Crocker Street, Littleton, CO. Please allow up to 30 days for refund to be issued.

Parent Name: \_\_\_\_\_

Street Address or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Name	School Attended	Student ID #	Reason for Refund	Refund Option (A,B,C, or D)	Refund Amount Requested
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

**Option A:**  
**Donate Account Balance to LPS for:**  
 Nutrition Services — lunches  
 \_\_\_\_\_  
 Parent Signature  
 DEPT USE ONLY:  
 Dept. printout attached

**Option B:**  
**Transfer Account Balance to Sibling:**  
 Name: \_\_\_\_\_  
 Student ID #: \_\_\_\_\_  
 School: \_\_\_\_\_  
 \_\_\_\_\_  
 Parent Signature

**Option C:**  
**Cash Refund of Account Balance:**  
*(must be under \$25 – paid in person at district office)*  
 Amount of Refund: \_\_\_\_\_  
 Date of Refund: \_\_\_\_\_  
 \_\_\_\_\_  
 Nutrition Services Office Manager Signature  
 \_\_\_\_\_  
 Parent Signature  
 \_\_\_\_\_  
 Finance Office Signature

**DEPARTMENT USE ONLY**  
 B-Plus Account #: 21.7481000  
 (Nutrition Deferred Revenue)

**Option D:**  
**Automatic Deposit Refund of Account Balance**  
 Account Type:  Savings  Checking  
 \_\_\_\_\_  
 Name of Financial Institution  
 \_\_\_\_\_  
 Routing Number / ABA Number  
 \_\_\_\_\_  
 Account Number  
 \_\_\_\_\_  
 Parent Signature  
 \_\_\_\_\_  
 Nutrition Services Office Manager Signature

**FINANCE DEPARTMENT USE ONLY**  
 Vendor #: \_\_\_\_\_