

USD#261-Haysville Food Service Department

Parent/Guardian refund request for meal account balance

Date: _____

Student Name: _____ ID# _____

Account Balance: _____

Refund request made by Parent/Guardian: _____

(make check payable to/ mailing address) _____

**Parents-please complete and return by mail or e-mail to :

USD#261-Haysville/Food Service Dept.

llatham@usd261.com

132 Stewart –Door #15

or

Haysville,KS 67060

ginalee@usd261.com

FOOD SERVICE OFFICE USE ONLY

Mylunch .com balance cleared: YES or NO

Acct. balance in SNAP cleared and acct. history printed: YES or NO

USD#261-Haysville Food Service Department

Parent/Guardian request for meal account balance transfer

Date: _____

Transfer request made by Parent/Guardian: _____

FROM: Student Name: _____ ID# _____

Account Balance: _____ School: _____

TO: Student Name: _____ ID# _____

School: _____

**Parents-please complete and return by mail or e-mail to :

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llatham@usd261.com

132 Stewart –Door #15

or

Haysville,KS 67060

ginalee@usd261.com

FOOD SERVICE OFFICE USE ONLY

Mylunch .com balance cleared: YES or NO

Acct. balance in SNAP cleared or EOY list noted: YES or NO

Acct. history printed: YES or NO