



Refund/Donation of Meal Account Balance

Dear Parents,

Please use this form to request a refund from your child’s meal account.

_____	_____	\$ _____
Student Name	Student ID#	Balance
_____	_____	\$ _____
Student Name	Student ID#	Balance
_____	_____	\$ _____
Student Name	Student ID#	Balance

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

Please make the check payable to: _____

Address: _____

_____, Ohio _____

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.

_____ I am requesting that my child’s meal account balance be **donated** to the Food Service/**Fill My Tummy Fund** to provide lunch to children with outstanding balances.

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@gips.org