

# Student Meal Account Refund Request

TO RECEIVE A REFUND FOR YOUR STUDENT(S) MEAL ACCOUNT, COMPLETE THIS FORM AND RETURN IT TO YOUR KITCHEN MANAGER OR THE TECHNOLOGY SUPPORT SPECIALIST AT THE FOOD AND NUTRITION SERVICES OFFICE, (John.Zebarth@D11.org). THIS FORM MAY ALSO BE COMPLETED AND SUBMITTED ELECTRONICALLY AT [WWW.D11.ORG/FNS](http://WWW.D11.ORG/FNS). ALL REFUNDS WILL BE MADE BY MAIL IN THE FORM OF A CHECK.

**PLEASE BE AWARE THAT IT MAY TAKE UP TO 15 DAYS FROM THE DATE THIS FORM IS RECEIVED IN THE FOOD AND NUTRITION SERVICES OFFICE FOR A CHECK TO BE MAILED.**

\* Indicates a Required Field

\* **Today's Date:**

\* **Make Check Payable To:**

\* **Mail To (Street Address):**

\* **Mail To (City, State & Zip):**

\* **Phone Number:**

**Colorado Springs School District 11  
Food & Nutrition Services**

5260 Geiger Blvd.

Colorado Springs, Colorado

80915

Phone: (719) 520-2924

Fax: (719) 520-2935

[www.d11.org/fns](http://www.d11.org/fns)

* Student Name	Student ID number	School	* Amount to be refunded (Type "all" if unknown)
Student 1			
Student 2			
Student 3			
Student 4			
Student 5			

**Special Instructions or Additional Students:**

### For Internal Use Only

**Received By:**

**Date Received:**

Amount Paid	Check No.	Date