

**Nutrition Services**  
**35 Martin Luther King, Jr. Blvd.**  
**Quincy, Florida 32351**  
**Office (850) 627-9651 Ext. 1274**  
**Fax (850) 875-4493**



**Gadsden County School District**

## Nutrition Services: Refund Request Form

All refund requests must be submitted in writing. Your request will be processed based on the supporting documentation. You should receive the refund within 4 to 6 weeks. If there is an issue with your refund you will be contacted within 1 to 2 weeks. **Note:** We will use all necessary resources to contact the requestor in the case of an issue. However, it is the requestor's responsibility to follow up in the matter of not receiving a refund.

**Guardian Information.** (Please note; the requestor must be listed on the Free/Reduced Application, or have other documentation stating they are eligible to receive the refund.)

Please **print** the following information clearly:

**Pay To:** \_\_\_\_\_

(Parent/Payer's Name)

**Address, City, State, Zip:** \_\_\_\_\_  
 \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_

**Signature of Requestor:** \_\_\_\_\_

(By signing this form you acknowledge that the above information is correct and that you are in fact listed on the current Free/Reduced application, or have provided other documentation confirming that you are entitled to the refund.)

**Student Information.** (Please list the child(s) Name, School, Student ID or Lunch number.)

Name:	School:	Student ID/Lunch Number:
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____
5. _____	5. _____	5. _____

**Cafeteria Manager's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Melanie Davis Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Food Service Financial Coordinator)

**Paula Milton Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Food Service Production Coordinator)