

**Prince Edward County Public Schools
35 Eagle Drive
Farmville, VA 23901**

**FOOD SERVICE DEPARTMENT
REQUEST FOR REFUND**

This is a request for a refund of available funds remaining on my child's account.

Student(s) Name _____ **School** _____

Please print legibly

Parent or Guardian Information

Name: _____

Address: _____

Daytime Phone# _____

Amount of Refund Request \$ _____

***ACTUAL REFUND AMOUNT** \$ _____

I understand that the refund request of the above listed amount is subject to verification of the actual available funds remaining on my child's account. I also understand that payments of any funds will be via check through the Prince Edward County School's payment accounting procedures.

Signature _____ **Date** _____

Please allow up to 30 business days for processing refunds.

Do not write below this section

Verified refundable funds \$ _____ **Cafeteria Manager** _____
Date _____

*Patron Activity Report must be attached

Approved _____
Supervisor of Food Service