



Refund Request for Food Service Account NUTRITION, INC. FOOD SERVICE

To request a refund of your child(ren) food service account balance(s), please complete this form and return it to: Nutrition, Inc., Attn: Food Service Director, 521 Houston Rd, Ambler, PA 19002. Food service refund requests are processed upon receipt and then submitted to WSD Central Office for processing, once approved you will receive a check mailed to the address provided on this form in four to six weeks.

Student(s) Name			
School(s) and Grade			
Amount Requested \$			

Please provide your mailing address and a telephone number where you can be reached during the day.

Parent/Guardian Name			
Street Address			
City			
State		Zip Code	
Daytime Telephone		E-mail address	

Your signature			
Date			

Please forward the completed form to:

**Wissahickon High School
c/o Nutrition, Inc. Food Service
521 Houston Road
Ambler, PA 19002**

For Office Use Only

	Amount Requested Verified	Date	
	Requisition Entered	Date	