



Nutrition Services Student Meal Account Management Form

Please complete this form and email to: **bphillips@susd.org**

Name (required) _____ Date: _____

Email Address (required) _____ Phone Number (required) _____

I want to (please check appropriate boxes):

Request a refund from a student account

Student Name _____

Student ID (if known) _____

Mail check to:

Payee (person requesting refund) _____

Street Address _____

City _____ State _____ Zip _____

Transfer funds from student to student

Transfer From Student Name _____

Transfer From Student ID (If known) _____

Amount:

All Funds

Specific Amount \$ _____

Transfer To Student Name _____

Transfer To Student ID (if known) _____

Gift** the funds in a student account to pay off negative student account balances

Student Name _____

Student ID (If known) _____

Amount:

All Funds

Specific Amount \$ _____

For All SUSD students

For students at a specific school: _____

THIS SECTION FOR NON-STUDENT ACCOUNT DONATIONS ONLY

Make a donation** to pay off negative student account balances

Amount of donation: \$ _____

For all SUSD students

For students at a specific school: _____

**Gifts or donations over \$50 must be approved by the SUSD Governing Board before they may be applied to student accounts. This process can take several weeks.

When applying donated funds to pay negative student account balances, SUSD Nutrition Services follows specific criteria to determine the order accounts will be paid, to ensure consistency and fairness.