REQUEST FOR REFUND OR TRANSFER OF CAFETERIA FUNDS **Student Information** Name(s) School(s) Reason for refund (circle one) Left School District Graduated Other (specify) Please indicate how you would like to disburse the balance of your student(s) meal account **CHECK** (will be mailed) IMPORTANT: Turn off any automatic payments set up in PayPams before submitting form Parent/Legal Guardian (made payable to) Address _____ Apt____ City_____ State____ Zip _____ *Please allow 4-6 weeks for refunds to be completed due to required audit documentation processing. Transfer to student(s) within Lawrence Township Schools 1. Name_____ School _____ Grade ___Amount_____ 2. Name_____ School ____ Grade ___ Amount____ *Transfer of funds to other students will be processed within a week from receipt of completed form. **Donation** Please donate the balance of my student(s) account(s) to the Random Acts of Kindness Fund These funds will be used to support students in need SIGNATURE Date

Please submit completed form to:

MSD Lawrence Township
Attn: Food and Nutrition Services
6501 Sunnyside Rd
Indianapolis, IN 46236

IMPORTANT:

As of June 30 of each year, balances for graduating seniors will no longer be reported in PayPams. Food and Nutrition Services will have access to balance files and if parents have not requested a refund or transfer, they may still do so up to June 30th of the following year. After this, any remaining funds will be donated to the Random Acts of Kindness Fund.