



POWAY UNIFIED SCHOOL DISTRICT

Food and Nutrition Department

12225 Kirkham Road, Suite 100 Poway, CA 92064

Phone: (858) 668-2570 Fax: (858) 486-1805 Email: fn-accounting@powayusd.com



School Meal Account Refund/Transfer Request Form

Use this form to request a Refund or Transfer of Students Meal Account Funds.

Please **DOWNLOAD** this form and *then* re-open using **Adobe Acrobat Reader**, **NOT in a browser tab**. Complete the form and send by mail, fax or email to the address listed above (via **Click to Send Email** button at bottom). Please note that a student's meal account balance is automatically carried over to the next school year and funds may be used at any PUSD school site. Allow at least 30 days for processing of refunds. Please call or email us with any questions.

Please disable students' MySchoolBucks.com automatic funding prior to requesting a refund.

Authorized Requestor Information: (Refunds will be issued to the name and address listed here if approved)			
Name of Parent or Authorized Guardian:		Date of Request:	
Mailing Address:			
City:		State:	Zip Code:
Phone No:	Email:		Will the information provided above match the information on file with the district? Yes <input type="checkbox"/> No <input type="checkbox"/>
Authorized Signature:			

Type of Transaction Requested

<input type="checkbox"/> Transfer	Transfer from Student to Student in PUSD. We cannot do transfers to other school districts.
<input type="checkbox"/> Y.I.T.	Transfer funds to Youth In Transition Program serving families experiencing housing instability and homelessness
<input type="checkbox"/> Refund	Refunds will be issued by check to the name and address of the authorized requester listed on this form. We are unable to refund to credit/debit cards.

Reason for Request

<input type="checkbox"/> Moving out of District	<input type="checkbox"/> Graduated	<input type="checkbox"/> Other:
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Refund/Transfer Funds From:

Student ID Number	Student Name	School Name	Amount
Total for Refund/Transfer			

OFFICE USE ONLY :	Date Entered	Accountant initials	Ck #/Trans	Ck date/Verified	Amount
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