



**WASHOE COUNTY SCHOOL DISTRICT**

NUTRITION SERVICES  
585 SPICE ISLANDS COURT  
SPARKS, NV 89431  
775-325-8410

**PREPAYMENT REFUND/TRANSFER REQUEST FORM**

Please indicate if you would like a refund or make a donation to the WCSD unpaid meal balance by checking a box below. If you would like to transfer funds between two WCSD students please fill out the bottom portion of this form. Once the form is complete, mail it to the address listed at the top of this form, or email it to [NSaccounting@WashoeSchools.net](mailto:NSaccounting@WashoeSchools.net).

**Refund**                       **Transfer**                       **Donation**

Student Name: \_\_\_\_\_

School Site: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

***Please allow 4-6 weeks for a check to arrive.***

Please transfer the Nutrition Services account balance between the following students:

***Transfer From:***

Student Name: \_\_\_\_\_

School Site: \_\_\_\_\_

***Transfer To:***

Student Name: \_\_\_\_\_

School Site: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NUTRITION SERVICES USE ONLY**

DATE RECEIVED: \_\_\_\_\_

DATE PROCESSED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_