



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.

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: _____