

CNP MEAL ACCOUNT REFUND REQUEST

10/2023

EMAIL TO: staff.cnpenrollment@ahschools.us

NOTE – if payment was made in SchoolPay the refund will be credited back to the card used.

Student or Staff Name:

Student or Staff ID:

Requested Amount of Refund:

Additional Students Name:

Student ID:

Requested Amount of Refund:

Guardian name and mailing address:

Relationship to Student:

Parent/Guardian Signature (or note email/call):

Date:

I declare under penalties of law that this account, claim or demand is just and correct and that no part of it has been paid.

Please forward this document to the Child Nutrition office for processing

Email to: staff.cnpenrollment@ahschools.us

FOR CNP Office Use Only:

Refund in SchoolPay? _____ OR Refund with check? _____

CNP Office Authorization:

Total Refund Amount:

Date Signed in CNP:

District Use Only: 02-000-000-000-601-000

Audited & Approved by Accounting Department:

Date Signed in Accounting: