North St. Paul-Maplewood-Oakdale
School District 622

Return completed form to:
622 Nutrition Services
2520 E. 12th Avenue
North St. Paul, MN 55109 or
Fax: 651-748-7577

Request for Refund

I request the amount remaining in the account to be refunded as follows:
(PLEASE PRINT LEGIBILY)

Parent/Guardian:

Name (First/Last): _____

Street Address: _____

City, State, Zip: _____

Signature: _____

Phone Number _____

Student Information:

Name (First/Last):_____

School Name: _____

Reason for Refund: _____

_____

* * * * * **DO NOT WRITE BELOW THIS LINE** * * * * *

The above account has been verified with the balance of:

Amount: $_____

Account Code: 02-L-230-20

Signature/Cost Center Manager: _____ Date: _____

Approved by/Business Officer: _____ Date: _____

8/4/2020