

Franklin County School Nutrition Program
School Nutrition Account Refund Request

Student Name:	Date:	
School:		
Grade:		
Amount of Refund:		
Parent/Guardian Name:	Phone #:	
Refund Address:		
Refund Address:		
Transfer of remaining funds:	To: School:	
Parent Signature:		
<p>To be completed and returned to:</p>		
Franklin County Schools Attention: School Nutrition 215 South College Street Winchester, TN 37398	OR via email to: melissa.livesay@fcstn.net vonda.bradford@fcstn.net	OR
Date Received: _____	Date Submitted To Finance Office _____	
SNP Director Signature: _____		