

LAKE TRAVIS ISD
FOOD & NUTRITION SERVICES
Meal Account Refund & Adjustment Request



Student(s) Name, Student ID#, and School Attended:

Transfer money to my other student(s) account (include ID# and school):

Have a refund issued to:

Name: _____

Address: _____

Phone: _____

Email: _____

Signature of Guardian
*typing name serves as signature

Date

Send signed and completed form via E-mail, Fax, or USPS to:

Food & Nutrition Services (FANS)
607 Ranch Road 620 North, Austin, Texas 78734
Fax: 512-533-6493
E-mail: foodservice@ltsidschools.org