



**SCHOOL DISTRICT OF NEW BERLIN  
REQUEST FOR LUNCH ACCOUNT BALANCE TRANSFER/REFUND**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Transfer to sibling \_\_\_\_\_ Amount: \_\_\_\_\_  
(Sibling's name)

Refund to credit card on file in Parent Portal

Refund by check

Reason for Refund: \_\_\_\_\_

Amount of Refund: \_\_\_\_\_  
(To qualify for a refund your balance must be \$5.00 or more)

Request made by: \_\_\_\_\_  
(Please print name and relationship to student)

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

**Submit request to:**

Attn: Nutrition Services, District Office  
School District of New Berlin  
4333 S. Sunnyslope Road, New Berlin, WI 53151

**Fax:** 262-786-0512

**E-mail:** karen.wiese@nbexcellence.org

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**For Office Use Only**

Processed in Infinite Campus: \_\_\_\_\_ By: \_\_\_\_\_

Check Amount \$: \_\_\_\_\_ Account: 50.000.0000.816900.000.00.0000