

ACCOUNT REIMBURSEMENT / ACCOUNT TRANSFER

SCHOOL NAME:		SCHOOL #	DATE:
STUDENT'S NAME:		STUDENT'S I.D.#:	
PARENT/GUARDIAN'S NAME:		Total Amount To Transfer: \$	
ADDRESS:		Student Name To Transfer Balance To:	
CITY:		Student I.D.# To Transferred Balance To:	
STATE:	ZIP CODE:	Date Processed in PeopleSoft:	Date Balance Transferred or Reimbursed:
Total Amount of Reimbursement: \$			

Reimbursement Checks are processed in approximately four weeks.

Parent/Guardian's Signature

Parent/Guardian's Telephone Number

Manager's Signature and Date
Account History Report shall be attached
RETURN ALL THREE COPIES TO CND OFFICE!