

**PRE-PAID MEAL ACCOUNT PAYMENT**

*Please Print Clearly*

School \_\_\_\_\_

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

Student Name: \_\_\_\_\_ PIN #: \_\_\_\_\_ Teacher: \_\_\_\_\_ Amount: \_\_\_\_\_

Student Name: \_\_\_\_\_ PIN #: \_\_\_\_\_ Teacher: \_\_\_\_\_ Amount: \_\_\_\_\_

Student Name: \_\_\_\_\_ PIN #: \_\_\_\_\_ Teacher: \_\_\_\_\_ Amount: \_\_\_\_\_

Student Name: \_\_\_\_\_ PIN #: \_\_\_\_\_ Teacher: \_\_\_\_\_ Amount: \_\_\_\_\_

Please write additional students on back if necessary

Please make checks payable to **Nutrition Services** and **WRITE STUDENT'S PIN # ON CHECK.**  
Seal Envelope and return to Cafeteria Manager at School Site