RAYTOWN QUALITY SCHOOLS
Expect the Exceptional

Nutrition Service Department
6608 Raytown Road
Raytown, MO 64133
Phone 816-268-7076
Fax 816-268-7075

TRANSFER OF FUNDS
BETWEEN ACCOUNTS

Date: _____

The enclosed payment is for a transfer of money from the Nutrition Service Cafeteria Account.

Student's ID# _____

Students Name _____

School _____

Amount Transfer _____

Account to Transfer **FROM:** Meal ☐ General ☐

Account to Transfer **TO:** Meal ☐ General ☐

Parent's Name _____

Address _____

_____

Phone Number _____

Parent/Guardian Signature _____