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

RAYTOWN QUALITY SCHOOLS
Expect the Exceptional

TRANSFER OF FUNDS
BETWEEN STUDENTS

Date: _____

The enclosed form is for a transfer of money from Cafeteria Accounts between students.

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Transfer From:

Student's ID# _____

Student's Name _____

School _____

Amount to Transfer_____

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

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Transfer To:

Student's ID# _____

Student's Name _____

School _____

Amount to Transfer_____

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

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Parent's Name _____

Address _____

Phone Number _____

Parent/Guardian Signature _____