

RECEIVED

Date: 6/13/2003

ARQ2 JUN 16 2003

Department of Water Resources

Claimant(s) if NOT Payor _____	_____
Refund Amount \$ <u>170-</u>	Claim Location <u>(Region)</u> Claimant) _____
Extension Filed? Y/N <u>NA</u>	Copy Attached? Y/N <u>NA</u>
Late Fees Paid? Y/N <u>NA</u>	Late Fee Receipt # _____
S.O. Verified Ext. by _____ on _____	D.B. Query by _____
Refund Generated By (X) Agent _____	() Claimant _____
Refund Category: insufficient fees / claim incomplete / withdrawn / o-pmt	
* <i>Overpaid</i>	
Date of Last Correspondence (copy attached) _____	

<u>Claim No.</u>	<u>Use*</u>	<u>Fees Paid</u>	<u>Correct Fee</u>	<u>Rec't #</u>
<u>See attached list</u>	<u>Domestic/ Mun.</u>	<u>\$ 1050-</u>	<u>\$880-</u>	<u>C069323 & W030564</u>
<u> </u>	<u> </u>	<u>\$</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u>\$</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u>\$</u>	<u> </u>	<u> </u>
<u>Total</u>	<u> </u>	<u>\$</u>	<u>\$</u>	<u> </u>

*Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded. D.E. claim in AJSP1 at minimum.

Detailed Reason(s) for Refund Attached	Y/N

Over paid for claims.

Region AJ Spvsr. Approval S.O. AJ Spvsr. Approval
Don Shaff Approval Hold To Fiscal
Data Base Modified? Y/N NA A &/or R Records By on

Refund Request Attachment

City of Boise Dept of Aviation & Public Transportation

30 Domestic Claims @ \$25 each = \$750 63-31692 through 63-31721

1 Municipal Claim @ \$50 for .12 cfs = \$62 63-31722

1 Municipal Claim @ \$50 for .18 cfs = \$68 63-5354

Total filing fees: \$880

Total fees received: \$1050

Refund amount: \$170