

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: S. Sherman Date: 11-29-05
 SUBJ: Receipt No. C079679 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR State of Idaho
 Address Dept. of Transportation
PO Box 7129
Boise ID 83707-1129

Claimant(s) if NOT Payor _____
 Refund Amount \$ 25.- Claim Location (Region/Claimant) (State of c)
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # C079679
 S.O. Verified Ext. by _____ on _____ D.B. Query by _____
 Refund Generated By (☒ Agent () Claimant
 Refund Category:
 insufficient fees / claim incomplete / withdrawn / o-pmt

Date of Last Correspondence (copy attached) _____

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>72-4059</u>	<u>43</u>	<u>\$50.-</u>	<u>25.-</u>	<u>C079679</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		<u>\$50.-</u>	<u>\$25.-</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 (N)
use is domestic, not commercial.

Region AJ Spvsr. Approval _____ S.O. AJ Spvsr. Approval _____
 Don Shaff Approval 11-30-05 Hold _____ To Fiscal 11-30-05
 Logged 11-29-05
 Data Base Modified? Y/N NA A &/or R Records By _____ on _____