

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: S. Sherman 6079896 Date: 12-27-05
 SUBJ: Receipt No. 6079895 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Tal & Jennifer Trautman
 Address 1925 Chicago
Nampa ID 836 86

Claimant(s) if NOT Payor -
 Refund Amount \$ 250 Claim Location (Region/Claimant) (State)
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # 6079895
6079896
 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 insufficient fees / claim incomplete / withdrawn / o-pmt

Date of Last Correspondence (copy attached) -

Claim No.	Use*	Fees		Rec't #
		Paid	Correct Fee	
<u>55-13863 TRU</u>	<u>04</u>	<u>\$25.00</u>		<u>6079895</u>
<u>55-13871</u>		<u>\$250</u>		<u>6079896</u>
		\$		
		\$		
		\$		

Total \$225.00 \$ 225.

*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

Region AJ Spvsr. Approval - S.O. AJ Spvsr. Approval -
 Don Shaff Approval 12-27-05 Hold - To Fiscal 12-27-05
 Logged 12-27-05
 Data Base Modified? Y/N (NA) A &/or R Records By - on -