

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: ~~D. Shaff~~/D. Allen/C. Fritschle.
 FROM: Ernest Carlsen. Date: Jan 30, 2006
 SUBJ: Receipt No. E031579 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Vivian Bagley Grandchildren Trust
 Address 750 West 100 North
Driggs ID 83422

RECEIVED

FEB 6 2006

Department of Water Resources

Claimant(s) if NOT Payor EASTERN
 Refund Amount \$ 160.00 Claim Location (Region/Claimant)
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA 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 insufficient fees / claim incomplete / withdrawn / o-pmt

Date of Last Correspondence (copy attached)

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>22-663</u>	<u>Irrigation</u>	\$ <u>210.00</u>	<u>50.00</u>	<u>E031579</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>210.00</u>	\$ <u>50.00</u>	

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

Detailed Reason(s) for Refund Attached Y/N

The place of use \$1.00/ac fee was paid under receipt E003235
for overlapping rights 22-59, 22-167 & 22-224. - Average fee of
160.00 needs to be refunded

Region AJ Spvsr. Approval MC

S.O. AJ Spvsr. Approval

~~Don Shaff~~ Approval CF

Held

To Fiscal 2-7-06

~~Carter Fritschle~~

Logged 2-7-06

Data Base Modified? Y/N NA A &/or R Records By on

Receipt Details for ID E031579

Status	Adjustment Type	Version
		1

General Information:

Date Received	Date Deposited	Region	Total Amount	Payment Type
1/23/2006 12:21:10 PM	1/26/2006 2:32:40 PM	EASTERN	\$210.00	Check
Payer		VIVIAN BAGLEY GRANDCHILDREN TRUST		

Account Information:

Check #	Account #	Credit Card Name	Authorization #
1168			
Card Expiration Date	Credit Card Transaction #		

Comment 22-663

Fee Detail:

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$160.00	ADJUDICATION FILING FEE	43503	0337			1155
\$50.00	ADJUDICATION LATE FEE	43503	0337			1155

Refund(s):

Amount	Payee	Date	Document Number
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Water Right Information:

Basin Number	Sequence Number	Split Suffix	Amount	Type
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Print Report

SEE 22-59, 22-167, 22-224 - ALL CLAIMS
ON THIS SAME PLOT AND SO RECOMMENDED.
AC FEES ARE PAID UNDER RECEIPT NO. E003235,
WR # 22-59. CLAIMANT WAS Overcharged by
\$160.00.

E003235

Receipt Details for ID E003235

Status	Adjustment Type	Version
	Adjusted Receipt	1

General Information:

Date Received	Date Deposited	Region	Total Amount	Payment Type
10/18/1988 8:28:16 AM	10/18/1988	Eastern	\$543.00	Check
Payer		BAGLEY, TERRENCE		

Account Information:

Check #	Account #	Credit Card Name	Authorization #
130			
Card Expiration Date	Credit Card Transaction #		

Comment ADJUDICATION FEE

Fee Detail:

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$543.00	ADJUDICATION FEE	410162	9337	0	0	6490

Refund(s):

Amount	Payee	Date	Document Number
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543

Water Right Information:

Basin Number	Sequence Number	Split Suffix	Amount	Type
22	59		\$368.00	Claim
22	167		\$50.00	Claim
22	224		\$50.00	Claim
22	12138		\$25.00	Claim
22	12139		\$25.00	Claim
22	12140		\$25.00	Claim

Print Report