

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: Sal Sherman Date: 7-14-06
 SUBJ: Receipt No. N017745 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Maxine F. McMurray
 Address 510 Lapwai Rd.
Lewiston ID 83501

Claimant(s) if NOT Payor _____

Refund Amount \$ 25.- Claim Location (Region/Claimant) _____

Extension Filed? Y/N NA Copy Attached? Y/N NA

Late Fees Paid? Y/N NA Late Fee Receipt # N017745

S.O. Verified Ext. by _____ on _____ D.B. Query by _____

Refund Generated By () Agent () Claimant (Sal)

Refund Category:
 insufficient fees / claim incomplete / withdrawn / o-pmt

Date of Last Correspondence (copy attached) _____

Claim No.	Use*	Fees	Correct	Rec't #
		Paid	Fee	
<u>85-4231</u>	<u>01</u>	<u>\$25.-</u>	<u>0</u>	<u>N017745</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		<u>\$ 25.-</u>	<u>\$ 0</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

Not decreed yet. = 0 fee due.

Region AJ Spvsr. Approval _____ S.O. AJ Spvsr. Approval _____
 Don Shaff Approval CS Hold _____ To Fiscal 7-17-06
Carter Fritschle Logged 7-14-06
 Data Base Modified? Y/N NA A &/or R Records By _____ on _____