

REFUND REQUEST

TO: *Don Shaff* S. Sherman to Log In
 FOR: ~~G. Fritschle~~/D. Allen
 FROM: S. Sherman Date: 11-29-06
 SUBJ: Receipt No. B 000006 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Edward Jenkins
 Address c/o Doris Barney
3660 McDonald
Wapato WA 98951

Claimant(s) if NOT Payor Doris & Chris Barney

Refund Amount \$ 52.- Claim Location (Region/Claimant)

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

Late Fees Paid? Y/N NA Late Fee Receipt # B000006

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insufficient fees / claim incomplete (withdrawn) / o-pmt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	Correct	Rec't #
		Paid	Fee	
<u>24-10727</u>	<u>81</u>	\$ <u>52.-</u>	<u>52.-</u>	<u>B000006</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>—</u>	<u>—</u>	\$ <u>—</u>	<u>—</u>	<u>—</u>
Total		\$ <u>52.-</u>	\$ <u>52.-</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)

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval —

Don Shaff ~~G. Fritschle~~ Approval Shaff 11-29-06 Hold — To Fiscal —

Data Base Modified? Y/N NA A &/or R Records By DVS on 11-22-06