

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 2-15-07
 SUBJ: Receipt No. C082727 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Corinne Y. Raquet
 Address PO Box 48
Riggins ID 83549

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 # C082727

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

Refund Generated By () Agent () Claimant (✓) Sol

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 insufficient fees / claim incomplete / withdrawn / (o-pmt)

Date of Last Correspondence (copy attached) n/a

Claim No.	Use*	Fees	Correct	Rec't #
		Paid	Fee	
<u>19-7050</u>	<u>—</u>	<u>\$25.—</u>	<u>0</u>	<u>C082727</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>
<u>—</u>	<u>—</u>	<u>\$</u>	<u>—</u>	<u>—</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)

claim not de used govt, so \$ not due.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval —
 C. Fritschle Approval CF Hold — To Fiscal 3-8-07

Data Base Modified? Y/N (NA) A &/or R Records By — on 2-15-07