

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 1-23-07
 SUBJ: Receipt No. C083012 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Dorlene S. Haas
 Address P.O. Box 55
Tendoy ID 83468

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 # C083012

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

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

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 insufficient fees / claim incomplete / withdrawn / o-pmt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>74-15128</u>	<u>01</u>	<u>\$25.-</u>	<u>0</u>	<u>C083012</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 NA
not decided yet. No fee due

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval —
 C. Fritschle Approval — Hold — To Fiscal 3-9-07
 Logged 1-23-07
 Data Base Modified? Y/N NA A &/or R Records By — on —