

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 8-17-07
 SUBJ: Receipt No. C084719 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Robinson & Associates
 Address PO Box 396
Rupert ID 83350

Claimant(s) if NOT Payor Kelly Chamberlain
 Refund Amount \$100.- Claim Location (Region/Claimant) (State ofc)
 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 MVB () Claimant
 Refund Category:
 insufficient fees / claim incomplete / withdrawn / (o-pmt)

Date of Last Correspondence (copy attached) -

Claim No.	Use*	Fees		Rec't #
		Paid	Correct Fee	
<u>79-4432</u>	<u>24</u>	<u>\$100.-</u>	<u>0</u>	<u>C084719</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>\$100.-</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

overpmt.

Region AJ Spvsr. Approval - S.O. AJ Spvsr. Approval -
 C. Fritschle Approval (initials) Hold - To Fiscal 8-17-07
 Logged 8-17-07
 Data Base Modified? Y/N (NA) A &/or R Records By - on -