

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 11-27-07
 SUBJ: Receipt No. C085388 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Jim Rupp
 Address HC 01 Box 1
Lucile ID 83542

Claimant(s) if NOT Payor -
 Refund Amount \$200.- Claim Location (Region/Claimant)
 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 () Agent () Claimant (Sal)
 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 insufficient fees / claim incomplete / withdrawn / o-pmt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>79-14203</u>	<u>04</u>	\$ <u>200</u>	<u>100</u>	<u>C085388</u>
<u>79-14204</u>	<u>04</u>	\$ <u>200</u>	<u>100</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>-</u>	\$ <u>-</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 (N)
See Docs - 100 head / claim.
& late fee due on stick.

Region AJ Spvsr. Approval - S.O. AJ Spvsr. Approval LS
 C. Fritschle Approval C. Fritschle Hold - To Fiscal 11-28-07
 Logged 11-27-07
 Data Base Modified? Y/N (NA) A &/or R Records By - on -