

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 4-22-08
 SUBJ: Receipt No. C086655 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Erik F. Storlie
 Address 3217 Humboldt Ave. S.
Minneapolis MN 55408

Claimant(s) if NOT Payor _____

Refund Amount \$10.- 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

Refund Category:

insufficient fees / claim incomplete / withdrawn / o-pmt

Date of Last Correspondence (copy attached) _____

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>75-14494</u>	<u>01/04</u>	<u>\$210.-</u>	<u>\$200.-</u>	<u>C086655</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		<u>\$210.-</u>	<u>\$200.-</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

Acres previously pd. under 75-2137 75-4199
+ 75-4120 per MVB 1-28-08 note to file

Region AJ Spvsr. Approval _____

S.O. AJ Spvsr. Approval CS

C. Fritschle Approval C. Fritschle

Hold _____

To Fiscal 4-23-08

Logged 4-22-08

Data Base Modified? Y/N NA A &/or R Records By _____ on _____