

REFUND REQUEST

TO: *Am Shaff* S. Sherman to Log In
 FOR: ~~C. Fritschle/D. Allen~~
 FROM: *S. Sherman* Date: *6-23-08*
 SUBJ: Receipt No. *C087157* (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR *Brend Kicks*
 Address *13289 E. Hwy. 33*
Newdale ID 83436

Claimant(s) if NOT Payor
 Refund Amount \$ *384.-* Claim Location (Region/Claimant) *(State)*
 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 insufficient fees / claim incomplete / withdrawn / *(o-pmt)*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) *n/a*

Claim No.	Use*	Fees		Rec't #
		Paid	Correct Fee	
<i>22-13830</i>	<i>01</i>	<i>\$660.-</i>	<i>276.-</i>	<i>C087157</i>
		\$		
		\$		
		\$		
		\$		
		\$		
Total		<i>\$660.-</i>	<i>\$276.-</i>	

*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)*

Craig 4251

Region AJ Spvsnr. Approval *[Signature]* S.O. AJ Spvsnr. Approval *[Signature]*
 C. Fritschle Approval *[Signature]* 6-23-08 Hold To Fiscal *6-24-08*
D. Shaff Logged *6-23-08*
 Data Base Modified? Y/N *NA* A &/or R Records By on