

REFUND REQUEST

TO: S. Sherman to Log In
FOR: C. Fritschle/D. Allen
FROM: S. Sherman Date: 9-23-08
SUBJ: Receipt No. 0087545 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Kane Brightman
Address 528 N. Hwy. 33
Tetonia ID 83452

Claimant(s) if NOT Payor —
Refund Amount \$ 50.- Claim Location (Region/Claimant) S.O.
Extension Filed? Y/N (NA) Copy Attached? Y/N (NA)
Late Fees Paid? Y/N (NA) Late Fee Receipt # 0087545
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insufficient fees / claim incomplete / withdrawn / o-pmt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 Paid	Correct Fee	Rec't #
<u>22-386B</u>	<u>01</u>	<u>\$150.-</u>	<u>\$100.-</u>	<u>0087545</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>\$150.-</u>	<u>\$100.-</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)

see Craig's email.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval —
G. Fritschle Approval D. Shaff 9-25-08 Hold — To Fiscal 9-25-08
Data Base Modified? Y/N (NA) A &/or R Records By — on 9-23-08