

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 10-31-08
 SUBJ: Receipt No. C087655 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Moffatt Thomas
 Address P.O. Box 829
Boise ID 83701-0829

Claimant(s) if NOT Payor Kerby & Morris (state)
 Refund Amount \$260.- 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 (CLS)) () Claimant
 Refund Category:
 insufficient fees / claim incomplete / withdrawn / o-pmt

Date of Last Correspondence (copy attached) h/a

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>78-12345</u>	<u>01</u>	<u>\$360.-</u>	<u>100.-</u>	<u>C087655</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		<u>\$360.-</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

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval CS
 C. Fritschle Approval C. Fritschle Hold — To Fiscal 11-3-08
 Logged 10-31-08
 Data Base Modified? Y/N NA A &/or R Records By — on —