

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 2-23-09
 SUBJ: Receipt No. Co88041 (Please attach ARQ2 Receipt copy immediately behind blue form)
 RE: PayOR Holden Kidwell Hahn & Crapo
 Address P.O. Box 50130
Idaho Falls ID 83405-0130

Claimant(s) if NOT Payor —
 Refund Amount \$112.- 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 insufficient fees / claim incomplete / withdrawn / o-pmt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	Correct	Rec't #
		Paid	Fee	
<u>45-14195</u>	<u>81</u>	<u>\$290.-</u>	<u>178.-</u>	<u>Co88041</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>\$290.-</u>	<u>\$178.-</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 Craig's email

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval 23
 C. Fritschle Approval C. Fritschle Hold — To Fiscal 2-23-09-10
 Data Base Modified? Y/N NA A &/or R Records By — on 2-23-09