

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: C. Saxton Date: 7-30-09
 SUBJ: Receipt No. C089051 (Please attach ARQ2 Receipt copy immediately behind blue form)
 RE: PayOR Racine Olson Nye Budge & Bailey Chtd.
 Address PO Box 1391
Pocatello ID 83204-1391

Claimant(s) if NOT Payor Chesterfield Land & Livestock
 Refund Amount \$ 45.- Claim Location (Region/Claimant) (State)
 Extension Filed? Y/N (NA) Copy Attached? Y/N (NA)
 Late Fees Paid? Y/N (NA) Late Fee Receipt # C089051
 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 insufficient fees / claim incomplete / withdrawn / (o-pmt)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) 7-29-09

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>27-12192</u>	<u>01</u>	<u>\$ 250.-</u>	<u>205.-</u>	<u>C089051</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		<u>\$250.-</u>	<u>\$205.-</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 8-3-09-10
 Logged 7-30-09
 Data Base Modified? Y/N (NA) A &/or R Records By — on —