

Refund Request

TO: S. Sherman to Log In
FOR: C. Fritschle/D. Allen
FROM: S. Sherman Date: 2-19-10
SUBJ: Receipt No. C090033
(Please attach receipt copy immediately behind form)

RE: PayOR RIGBY ANDRUS & MOELLER, CHTD
Address PO BOX 250
REXBURG ID 83440-0250

Claimant(s) if NOT Payor MARGARET DONNETTA NELSON
Refund Amount \$ 60.00 Claim Location: Region ☒ Claimant
Extension Filed? Y ☐ N ☐ NA ☒ Copy Attached? Y ☐ N ☐ NA ☒
Late Fees Paid? Y ☐ N ☐ NA ☒ Late Fee Receipt # NA
S.O. Verified Ext. by on D.B. Query by N/A
Refund Generated by: Agent ☒ Claimant
Refund Category:

O-pmt

Date of Last Correspondence (copy attached)

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
35-13988	01	\$ 200.00	\$ 140.00	C090033
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Total		\$ 200.00	\$ 140.00	

*Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded.

Detailed Reason(s) for Refund Attached: Y ☒ N ☐

Region AJ Spvrs. Approval C. Fritschle S.O. AJ Spvrs. Approval *CS*
C. Fritschle Approval *C. Fritschle* Hold To Fiscal 2-23-10 *NP*
Logged 2-19-10
Data Base Modified? Y ☐ N ☐ NA ☒ by on

09/08/09