

Refund Request

TO: Fiscal Manager
THROUGH: AJ Section Manager
FROM: Lori Harris
SUBJ: Receipt No. C107843
Date: 10-23-19
(Please attach receipt copy immediately behind form)

RE: Payor Bemis Veterinary Clinic
Address 404 S Pines Rd
Spokane Valley WA 99206

Claimant(s) if NOT Payor Jeffrey S. Watkins
Refund Amount \$ 50.00 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:
Overpayment

Date of Last Correspondence (copy attached)

Claim No.	Use*	Fees Paid	Correct Fee	Receipt #
95-14534	Irrigation	\$ 76.00	\$ 26.00	C107843
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Total		\$ 76.00	\$ 26.00	

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

Detailed Reason(s) for Refund Attached: Y ☐ N ☐
Additional fees required for amended claim were \$26.00 for irrigation use.

Region AJ Supervisor Approval
AJ Section Manager Approval CA

Database Modified? Y ☐ N ☐ NA ☒ by on

Idaho Department of Water Resources Receipt

Receipt ID: C107843

Payment Amount \$76.00 Date Received 10/16/2019 Region STATE

Payment Type Check Check Number 21227

Payer BEMIS VETERINARY CLINIC

Comments ORDER GRANTINT MOTION TO FILE AMENDED NOTICE OF CLAIM AND REQUEST FOR AMENDED DIRECTORS REPORT FOR 95-14534

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$76.00	NORTHERN ID ADJUDICATION FILING FEE	75503	0337	1		1155

Signature Line (Department Representative)