

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: Western Region Date: 6-26-07
 SUBJ: Receipt No. W035543 (Please attach ARQ2 Receipt copy immediately behind blue form)
 RE: PayOR Leedom, M. C Inc. / Leedom, Mike C
 Address PO Box 666
MC Call ID 83638

Claimant(s) if NOT Payor _____
 Refund Amount \$10⁰⁰ 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 insufficient fees / claim incomplete / withdrawn o-pmt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 Paid	Correct Fee	Rec't #
<u>65-3201A</u>		<u>\$35.00</u>	<u>25.00</u>	<u>W035543</u>
		\$		
		\$		
		\$		
		\$		
		\$		
Total		<u>\$35.00</u>	<u>\$25.00</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
Overpayment of ownership change fee.

Region AJ Spvsr. Approval [Signature] S.O. AJ Spvsr. Approval _____
 Don Shaff Approval _____ Hold _____ To Fiscal _____
 Data Base Modified? Y/M NA A &/or R Records By _____ on _____
 Logged _____

Receipt Details for ID W035543

Status	Adjustment Type	Version
		1

General Information:

Date Received	Date Deposited	Region	Total Amount	Payment Type
6/26/2007 10:10:35 AM	6/27/2007 4:05:08 PM	WESTERN	\$35.00	Check
Payee LEEDOM, MIKE				
IPG Transaction ID 0				

Account Information

Check Number 3193

Comment Ownership Change Fee #65-03201a

Fee Detail:

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$35.00	OWNERSHIP CHANGES/SECURITY INTERESTS	62140	0229	21		1155

Refund(s) Amount

Payee	Date	Document Number
LEEDOM, MIKE	6/28/2007 9:49:54 AM	REF3888