

Date \_\_\_\_\_

# HEAP Vendor Refund Form

Revised 09/19/07

## Vendor Information

<b>Name</b> _____	<b>Phone Number</b> _____
<b>Address</b> _____	<b>Fax Number</b> _____
_____	<b>Email Address</b> _____
<b>County</b> _____	<b>Federal Employer Id Number</b> _____
<b>Vendor ID</b> _____	<b>Vendor's Check Number</b> _____

## Refund Details

			Reason For Payment Refund
<b>Refund Amount</b>	<b>Client Name</b>	<b>Trace No. (ACH Direct Deposit No.) or OSC Check No.</b>	Moved
			Missing
			Unknown
			Deceased
<b>Case Number</b>	<b>Client Address</b>	<b>Reference/Customer Account No.</b>	Closed
			Duplicate
			Credit Balance
			Wrong vendor
			Other
			Reason For Payment Refund
<b>Refund Amount</b>	<b>Client Name</b>	<b>Trace No. (ACH Direct Deposit No.) or OSC Check No.</b>	Moved
			Missing
			Unknown
			Deceased
<b>Case Number</b>	<b>Client Address</b>	<b>Reference/Customer Account No.</b>	Closed
			Duplicate
			Credit Balance
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			Credit Balance
			Wrong vendor
			Other