

Date _____

HEAP Vendor Refund Form

Revised 09/19/07

Vendor Information

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

Refund Details

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