

Home Energy Assistance Program Vendor Refund Form

Vendor Information

Name	Phone Number
Address	Fax Number
County	Email Address
Vendor ID	Federal Employer ID Number
Vendor's Check Number	Total Amount Refunded

Refund Details

		Reason for Payment Refund
Client Name	Case Number	Moved <input type="checkbox"/> Missing <input type="checkbox"/> Unknown <input type="checkbox"/> Deceased <input type="checkbox"/> Closed <input type="checkbox"/> Duplicate <input type="checkbox"/> Credit Balance <input type="checkbox"/> Wrong Vendor <input type="checkbox"/> Other <input type="checkbox"/>
Client Address	Refund Amount	
Trace No. (ACH Direct Deposit No.) or OSC Check No.	Reference/Customer Account No.	

		Reason for Payment Refund
Client Name	Case Number	Moved <input type="checkbox"/> Missing <input type="checkbox"/> Unknown <input type="checkbox"/> Deceased <input type="checkbox"/> Closed <input type="checkbox"/> Duplicate <input type="checkbox"/> Credit Balance <input type="checkbox"/> Wrong Vendor <input type="checkbox"/> Other <input type="checkbox"/>
Client Address	Refund Amount	
Trace No. (ACH Direct Deposit No.) or OSC Check No.	Reference/Customer Account No.	