

## 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
Payment Date	

### 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.	