

**FINANCE AND BUDGET 651-201-6580**

Date Received \_\_\_\_\_

**REFUND CLAIM FORM**

Refund To (Name) \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 \_\_\_\_\_ Phone Number \_\_\_\_\_  
 \_\_\_\_\_ Original Payment \$ \_\_\_\_\_  
 \_\_\_\_\_ Refund Requested \$ \_\_\_\_\_

Please describe the reason overpayment was made and facts that justify refund amount. If more space is needed, put main reason below and attach additional information. Show any calculations of differences.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CLAIMED/COMPLETED BY** (customer or MDA program staff)

Printed Name and Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Claimant confirms the above information and attached is true, that the refund is due to the person or company named and that the refund is not a duplicate.*

**ITEMS BELOW COMPLETED BY THE DEPARTMENT OF AGRICULTURE**

Entity/License Number(s) \_\_\_\_\_

Deposit Number(s) \_\_\_\_\_

Deposit Date(s) \_\_\_\_\_

Active Vendor Number \_\_\_\_\_

Accounts Payable  
Use Only

	Fund	Fin Dept ID	Approp ID	Rev Acct	Sub Acct	Amount
Ln 1:	_____	_____	_____	_____	_____	\$ _____
Ln 2:	_____	_____	_____	_____	_____	\$ _____
Ln 3:	_____	_____	_____	_____	_____	\$ _____
<b>Total Refund Amount</b>						\$ _____

**Printed Name**

**Signature**

**Date**

Program Preparer \_\_\_\_\_

Program Supervisor or Manager: \_\_\_\_\_

Accounting Officer: \_\_\_\_\_

Finance & Budget: \_\_\_\_\_