Date _____

HEAP Vendor Refund Form

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

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