

Yamhill County Health and Human Services Refund Request

14 JAN -2 P3:35

Tony's Restaurant

Date of request: 12/13/2013

(Name of person receiving/requesting refund)

Note: if BOC approval required, please do NOT include client name in any correspondence.

Rosa Duran

Amount of refund requested: \$638.00

(Signature of person requesting refund or HHS accounting staff)

Describe reason for Refund:

1947 N Hwy 99W

- Overpayment by client/insurance
- Incorrect charge to recipient
- Other _____

(Street or Po Box Address)

McMinnville, Oregon 97128

(City, State and Zip code)

Remainder of this form is for office use only

Reviewed and Approved by HHS Division Manager

Date: 12/13/2013

Department: Health and Human Services

Department Head: Silas Halloran-Steiner

Reason for APPROVAL or DENIAL (Circle one) of Refund:

Vendor paid twice for annual restaurant license.

Amount of Refund if Approved: \$ 638.00

Coding for Refund: 016-070-321.01-H017

If approved, method of payment: (Check One)

- CASH BY DEPARTMENT
- CHECK BY ACCOUNTING

Date of Determination: _____ Time: _____

If approved by email show date and time of Approval and sent copy of email to Central Acctg

Signature of Department Head: _____

NOTE: if under \$500.00, it requires Department Head Approval. **If over \$500**, it requires BOC Approval. Prepare an email memo to the BOC and forward to the HHS Business Manager to review and send on to Silas to forward to the BOC.

Directions: Please complete top portion of form. Most refunds, if approved, will be paid by check issued by the accounting division within 30 days of approval. At the department head's discretion, refunds of \$10 or less may be paid from petty cash within the department.

HHS Procedure:

- * HHS accounting staff first completes all sections of this form except department head approval and approval date. This includes the reason for approving. Email this to Department Head for approval or denial. If Dept Head is not available, send to the the acting director for approval.
- * Generally accounting staff will print and hand write on the form the email date and time it was noted as approved. At the Signature of Department Head, add "By Email". This will be submitted with your weekly bills.
- * This will be reviewed by the Department Manager and stamped with Department Heads Signature along with the other payables.