

14 OCT -9 P4:20

Yamhill County Health and Human Services Refund Request

Skookum Health Assist Program
(Name of person receiving/requesting refund)

Date of request: 9/17/2014

Brittany Zylstra-Stanhope
(Signature of person requesting refund or
HHS accounting staff)

Amount of refund requested: \$675.69

P.O. Box 1747
(Street or Po Box Address)

Describe reason for Refund:

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

Redmond, OR 97556
(City, State and Zip code)

Remainder of this form is for office use only

Reviewed and Approved by HHS Business Manager

Date: 9/17/2014

Department: Health and Human Services

Department Head: Silas Halloran-Steiner

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

Amount of Refund if Approved: \$ 675.69

Coding for Refund: 016-174-346.11-P164

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 (using template language in the memo language tab) and forward to the HHS Business Manager to review. The Business Manager will forward to HHS Department Head to send on 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 30days 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 his reason for approving. Email this to Department Head for approval or denial. If he is not available, it would

Accepted by Yamhill County
Board of Commissioners on
9.25.14 by Board Order
14-583

g the acting director

- * 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.
- * These will be reviewed by the Department Manager and stamped with Department Heads Signature along with the other payables.

Yamhill County Official Policy

POLICY ON REFUNDS BY DEPARTMENT HEADS

This policy is adopted to allow Yamhill County department heads to make refunds up to certain limits for described

- 1. Refunds that may be allowed by department heads.** Yamhill County department heads are authorized to allow refunds of fees paid to their departments if all the following criteria have been satisfied as determined by the department head
 - A A fee was paid to the department for a service or product offered or provided in the ordinary course of business of the department.
 - B The department head has determined a refund of some or all of the fee should be returned to the person or entity who paid the fee.
 - C The total amount to be refunded to a particular person or entity is not greater than \$500.00
 - D Adequate funds are available to make the refund
 - E The department head has elected to make a refund under this section.

- 2. Refunds that may not be allowed by department heads.** Department heads are not authorized to make refunds of fees paid to their departments unless all the criteria listed in Section 1, above, have been satisfied. In such case a request for refund should be referred to the Board of Commissioners for consideration.

- 3. Documentation of refund required.** When a department head allows a refund in accordance with this policy, a form providing the documentation listed in this section must be forwarded to the accounting division. (A refund form is attached to this policy)

- \$ Name of department
- \$ Name and signature of department head
- \$ Name, address and signature of person requesting refund
- \$ Amount of refund
- \$ Reason for refund
- \$ Date of determination to allow refund
- \$ Method of payment of refund (cash or check)

- 4. Issuance of refund.** At the discretion and approval of the department head, refunds of \$10 or less maybe issued from petty cash within the department. In all other cases, refunds will be paid by check issued by the accounting division. In all cases, a refund form (attached) must be submitted to the accounting division.

- 5. Effective date.** This policy is effective upon approval by the Board of Commissioners.