

STATE OF ARKANSAS Department of Finance and Administration Office Of Accounting REFUND TO EXPENDITURE REQUEST FORM

Contact Name:				Contact E-mail:				Telephone:		Fax:	
Date: A		Agency: B							Business Area:		
Cost Center	Fund	Internal Order / WB	S Element	GL Account	AASIS Document No.	AASIS Deposit Number	Amount	Reason		Vendor Number	

Total:

Note:

A photocopy of the Check/Warrant issued or processed as a Receipt of Funds to support the "Refund to Expenditure" must be submitted with this form to DFA - Office of Accounting.

I certify that no Expense Error Correction(s) or Refund(s) to Expenditure have been previously submitted on the above invoice and in the case where there has been previous action taken, I have notated the document number(s) where the previous action was/were processed.

Signature: Date:

Remit Form to:

Office of Accounting, P.O. Box 3278, 1509 West 7th, Room 200, Little Rock, AR 72203 E-mail: <u>DFA.OA-RTE@dfa.arkansas.gov</u> Telephone: (501) 682-1675 | FAX: (501) 683-0823

Office of Accounting Use Only								
AASIS Document Number:								
Date:								
Park Initials:	Post Initials:							