DEPARTMENT OF FINANCE AND ADMINISTRATION

Office of Accounting

Request for Refund to Expenditure

Contact Name:	Contact E-mail:	Telephone:	Fax:

Date:	Agency:	Business Area:

Cost Center	Fund	Internal Order WBS Element	GL Account	AASIS Invoice Number	AASIS Dep Num/ Rev Rec Corr	Amount	Reason	Vendor Number
						0.00		

Certification:

I certify that the Refund to Expenditure that I have requested is covered by §19-6-701 (b)(1) - (8) or that my agency has current special language that allows the Refund to Expenditure that I am requesting pursuant to Act #: _____ of _____.

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.

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.

Signature:	Date:

Office of Accounting Use Only
AASIS Document Number:
Date:
Signature:

Remit Form to:

Office of Accounting, P.O. Box 3278, 1509 West 7th, Room 403, Little Rock, AR 72203

E-mail: DFA.OA-RTE@dfa.arkansas.gov

Telephone: (501) 682-1675 | FAX: (501) 683-0823