

Yamhill County Health and Human Services
Refund Request

15 FEB 12 P4:06

Penny Piper

Date of request: 1/7/2015

(Name of person receiving/requesting refund)

Brittany Z. Stanhope

Amount of refund requested: \$560.00

(Signature of person requesting refund or
HHS accounting staff)

Describe reason for Refund:

11945 NW Old Soldiers Road

- Overpayment by client/insurance
- Incorrect charge to recipient
- Other Duplicate Payment for license renewal

(Street or Po Box Address)

Carlton, Or. 97111

(City, State and Zip code)

Remainder of this form is for office use only

Reviewed and Approved by HHS Business Manager

Date: 1/7/2015

Department: Health and Human Services

Department Head: Silas Halloran-Steiner

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

See Attached Email

Amount of Refund if Approved: \$ 560.00

Coding for Refund: 016-070-321.01-H017

If approved, method of payment: (Check One)

- CASH BY DEPARTMENT
- CHECK BY ACCOUNTING

Date of Determination: 1.29.15 Time: 10:00 am.

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 go to 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.

Accepted by Yamhill County
Board of Commissioners on

1.29.15 by Board Order

15-28