

FEE REFUND – CHECK MAILED TO

offender  other district

Offender's Name: [Click here to enter text.](#)

ICON # [Click here to enter text.](#)

Supervising Officer: [Click here to enter text.](#)

Current Date: \_\_\_\_\_

Fee Type:

Refund Amount \$:

Reason for Refund:

Offender's Address: [Click here to enter text.](#) \_\_\_\_\_

Submitted by: [Click here to enter text.](#)

**Completed by Clerical**

Step 1: Scan into ICON: \_\_\_\_\_ Summary = Request for Fee Refund Submitted

Step 2: Submit to Accounting Tech (Donna).

**Completed by Fiscal Department**

Step 1 (Donna): Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
Keep copy and forward to Accounts Payable (Deb).

Step 2: (Deb) AP Check #: \_\_\_\_\_ Date check mailed: \_\_\_\_\_  
Submit to Accounting Tech (Donna) when check mailed.

Step 3: (Donna) Offender Fee System updated by: \_\_\_\_\_  
(If no negative balance exists for Sixth, enter note on appropriate fee record that refund check was mailed)

For Public Information Only