

03014283

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Deborah Hersey

SUBJECT: VOIDED APPLICATION

Control Number: 399082

Applicant: JEWISH HOSPITAL - KENWOOD

License Number: 34-18868-01

Docket Number: 030-14283

Date Voiced:

LICENSEE DECIDED TO TEMINATE - VOIDED BEFORE REVIEW - REFUND DUE

Deborah A. Hersey 2-26-96
Signature Date

Attachement:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

- ☒ Refund Authorized and processed
☐ No Refund Due
☐ Fee Exempt or Fee Not Required

Comments: _____

Log completed ☒

Processed by: SAC 9/25/96 01

9610070060 960226
PDR ADOCK 03014283
C PDR

Incoming info attached
to Termination

Sep 3 III
7C Rem #1400
CIC # 43958 std
8/22/95

ML
30
SD

DIVISION OF ACCOUNTING AND FINANCE REQUEST FOR REFUND TO EMPLOYEE/VENDOR

THE EMPLOYEE/VENDOR IDENTIFIED BELOW HAS OVERPAID THE NUCLEAR REGULATORY COMMISSION FOR GOODS AND/OR SERVICES PROVIDED AND IS DUE A REFUND

EMPLOYEE/VENDOR/PAYEE CODE:

NAME: Jewish Hospital Kenwood

ADDRESS: Attn: Accts Receivable

ADDRESS: 8000 Kenwood Road

CITY: Cincinnati STATE: OH ZIP: 45236

TRANS CODE: PX

TRANS TYPE: FE FUND: X5280 JOB CODE: _____ AMOUNT: \$1400⁰⁰

TRANS TYPE: IR FUND: R1435 JOB CODE: INTR AMOUNT: _____

TRANS TYPE: IR FUND: R1099 JOB CODE: ADCH AMOUNT: _____

TRANS TYPE: IR FUND: R1099 JOB CODE: FINE AMOUNT: _____

TOTAL REFUND AMOUNT: \$1400⁰⁰

COMMENTS: Lic 34-18868-01/CK 43958/Rgid

8/29/95 Reg
(Limit comments to 40 characters, including spaces)

PREPARED BY: Shirley Crutchfield DATE: Sept. 25, 1996

AUTHORIZED BY: Shirley Crutchfield DATE: 9/26/96

ORIGINAL INV. NO: _____ DATE PAID: _____ AMOUNT: _____

REFUND ENTERED INTO COLLECT BY: _____

REFUND DETERMINED BY: _____ DATE: _____

Sep 3 III
CK 43958 Ltr 8/22/95

PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION

REN \$1400
7C 2B (?) 2B NO 2B fee
collected