

47-25094-61

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: Huntington Internal Medicine Group

ADDRESS: Attn: Dr. Richard A. Ansinelli

ADDRESS: 1115 20th Street

CITY: Huntington STATE: WV ZIP: 25703

TRANS CODE: PX

TRANS TYPE: FE FUND: X5280 JOB CODE: _____ AMOUNT: \$1400.00

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: \$1400.00

COMMENTS: Ren Fee Lic 47-25094-01 xtnd

Per Rmking CK 117166
(limit comments to 40 characters, including spaces)

PREPARED BY: Rita Messier DATE: 11/8/96

AUTHORIZED BY: Andrea Kimbrell DATE: 11/25/96

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

REFUND ENTERED INTO COLLECT BY: _____

REFUND DETERMINED BY: _____ DATE: _____

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PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION

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PDR ADDCK 03031610
C PDR

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