

35-27041-01

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: Memorial Medical Center

ADDRESS: Attn: Sandra Jackson

ADDRESS: 2408 East 81st Street, Suite 100

CITY: Tulsa STATE: OK ZIP: 74137-4210

TRANS CODE: PX

TRANS TYPE: FE FUND: X5280 JOB CODE: _____ AMOUNT: \$1,400

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: \$1,400

COMMENTS: Ren Fee Lic 35-27041-01 Xlnd

Per Rlmgng CK 82467

(limit comments to 40 characters, including spaces)

PREPARED BY: Rita Messier DATE: 10/22/96

AUTHORIZED BY: Sandra Kimberly DATE: 11/25/96

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

REFUND ENTERED INTO COLLECT BY: _____

REFUND DETERMINED BY: _____ DATE: _____

PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION

9612060143 961125
PDR ADOCK 03031841
C PDR

ck# 82467
dated
6/14/95
for \$1400

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AA905 REN
Jum 5 II
465684