LIHEAP PROGRAM REFUND

VENDOR NAME AND ADDRESS

VENDOR NUMBER

If you have more than one vendor number, use the number under which the original payment was made.

USE THIS FORM TO PROVIDE DATA NEEDED TO ENSURE PROPER CLIENT CREDIT FOR REFUND

SEND TO: **DEPARTMENT OF PUBLIC WELFARE**
BUREAU OF COMMONWEALTH ACCOUNTING
PENNSYLVANIA OFFICE OF THE BUDGET
COMPTROLLER OPERATIONS
555 WALNUT ST., 9TH FLOOR
HARRISBURG, PA 17101

IF YOU HAVE QUESTIONS - CALL THE LIHEAP VENDOR HOTLINE AT 1-877-537-9517.

CLIENT INFORMATION	AMOUNT BEING REFUNDED	PROGRAM YEAR OF PAYMENT BEING REFUNDED	PROGRAM COMPONENT (CHECK ONE)			REASON FOR REFUND
			CASH	CRISIS	SUP.	
INDIVIDUAL NUMBER						
CLIENT NAME *(Last, First, M.I.)*						
ADDRESS *(Include Street, City, State)*						
INDIVIDUAL NUMBER						
CLIENT NAME *(Last, First, M.I.)*						
ADDRESS *(Include Street, City, State)*						
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CLIENT NAME *(Last, First, M.I.)*						
ADDRESS *(Include Street, City, State)*						

SIGNATURE (VENDOR) DATE