## **REFUND**

(See Below for Instructions)

TO: CHIEF, ACCOUNTS RECEIVABLE BRANCH (6BCR)

## **INSTRUCTIONS**

Use this form whenever a refund is due to a successful bidder.

Item I	Num	ber
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1, 2, 3, 4, 5a-5d	Enter each number as shown on the SASy generated Register of Remittances Received for original payment.						
6a-6g	Enter the bidder number, name and complete address of the successful bidder and TIN (SSN/EIN) for the cited contract number(s).						
7a-7d, 8	Enter the appropriate refund amount, reason for the refund, and agency retrieval information for refund, and INCLUDE A COPY OF GSA PURCHASER'S RECEIPT.						
9a - 9c	The Sales Contracting Officer must review the completed form, then sign and date.						
10a - 10c	The S	Sales Manager must review the	completed form, then sign	and date.			
1. ORIGINAL REGISTER		2. CONTRACT NUMBERS		3. SALE NUMBER			
NUMBER FOR PAYMENT		a.	d.				
		b.	e.	4. LOT NUMBER			
		c.	f.				
		5. METHOI	O OF PAYMENT				
a. CASH		b. CREDIT CARD (Attach copy of slip)	c. DEPOSIT TICKET NUMBER d. DATE		ATE		
		6. SUCCESSFUL B	IDDER'S INFORMATION				
a. SUCCESSFUL BIDDER'S NUMBER		b. SUCCESSFUL BIDDER'S NAME					
c. SUCCESSFUL BIDDER'S STREET ADDRESS		d. CITY	e. STATE f.	ZIP COI	DE		
		g. SUCCESSFUL BIDDER'S TIN (SSN/EIN)					
		7. REFUND (Attached (	Copy of Purchaser's Receip	pt)			
a. FULL AMOUNT			d. REASON (Check One)				
(Retain) (\$)		WITH THE SALES T&C	PROPERTY NOT AVAILABLE MISDESCRIPTION				
c. IF OTHER THAN a OR b, EXPLAIN		BIDDER IN DEFAULT OTHER (Explain):					
		8. AGENCY AND RETRI	VAL AMOUNT FOR REFU	JND			
Sales 255 Account		Agency - Agency Location Code (ALC)					
			\$				
9a. CONTRACTING OFFICER'S NAME		9b. SIGNATURE OF COI	NTRACTING OFFICER 9c. DATE				
10a. SALES MANAGER'S NAME		10b. SIGNATURE OF SA	ALES MANAGER	100	c. DATE		