

LIHEAP ENERGY ASSISTANCE REFUND

FROM

Supplier name: _____
Supplier number: _____
Staff to follow up with (if questions): _____

PLEASE MAIL FUNDS AND THIS FORM TO:

Missouri Department of Social Services
Family Support Division, Low Income Home Energy Assistance Program
PO BOX 2320, Jefferson City, MO 65102-2320
Make checks payable to Missouri Department of Social Services
If questions: LIHEAP staff at FSD.LIHEAP@dss.mo.gov

THIS CHECK REPRESENTS A REFUND FOR THE FOLLOWING CUSTOMER(S):

Payments from multiple years must be recorded separately.

Name: _____
Social security number: _____
Account number: _____
Date of Original Payment (MM-DD-YYYY): _____
Reason for refund: _____

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Social security number: _____
Account number: _____
Date of Original Payment (MM-DD-YYYY): _____
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Account number: _____
Date of Original Payment (MM-DD-YYYY): _____
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