

**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](mailto: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 and amount: \_\_\_\_\_

Name: \_\_\_\_\_

Social security number: \_\_\_\_\_

Account number: \_\_\_\_\_

Date of Original Payment (MM-DD-YYYY): \_\_\_\_\_

Reason for refund and amount: \_\_\_\_\_

Name: \_\_\_\_\_

Social security number: \_\_\_\_\_

Account number: \_\_\_\_\_

Date of Original Payment (MM-DD-YYYY): \_\_\_\_\_

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Account number: \_\_\_\_\_

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Reason for refund and amount: \_\_\_\_\_