

Reference No. _____

Date: _____

CITY OF EUREKA
531 K STREET
EUREKA, CA 95501-1165
(707) 441-4118

REFUND ORDER

TO: _____

Department Head Approved

RECEIPT NO.	DEPOSIT DATE	DESCRIPTION	AMOUNT

Account No. _____

Approved for Refund: _____

Assistant Finance Director

_____ Date

Distribution: White-Finance

Yellow: Department

(CS-6105)