



Refund Request Worksheet

Attention: Michael Perry, Email: michael.j.perry@aphis.usda.gov and cc PCIThelpdesk@hp.com
Phone: 301-734-8262

Accounting code: 75-8000-141/0250

Note: Please attach any documentation that supports the refund

Company Information

Company or individual name:

PCIT Org ID number:

Phone number:

Contact person:

Contact email:

Address:

Reason for refund:

Payment type used to fund PCIT

(Complete only the appropriate payment type below)

1. Physical check*

Financial institution name:

Financial institution routing number (RTN):

Tax Identification Number (TIN):

Depositor account title:

Depositor account number:

Refund amount:

Accounting code: 75-8000-141/0250

Check number:

2. Electronic check (ACH)*

Financial institution name:

Financial institution routing number (RTN):

Tax Identification Number (TIN):

Depositor account title:

Depositor account number:

Refund amount:

Pay.gov Tracking ID:

3. Credit card †

Name on card:

Amount of original charges:

Amount of refund:

Agency tracking ID:

Pay.gov tracking ID:

Transaction date:

*** Allow 4-6 weeks for processing, † Allow 3-5 business days for processing**

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