FORM DA-02-181 (7-86)

COMMONWEALTH OF VIRGINIA
REVENUE REFUND VOUCHER

Name and Address of Refund Recipient

CITY	STATE	ZIP
VENDOR ID	SUFFIX	

Name of

Receipt/Refund No

Date

Registration/Account No

Description of Refund	Amount
Total Sheet 1	-
Total Sheet 2	-
Amount Certified for Payment	-

Voucher No. Date

I certify that the amount listed herein is correct and proper calculations have been performed to determine the amount. Further, this refund is in compliance with applicable State regulations.

Initial

DISTRIBUTION CODING

TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT	PROJECT		
			FUND	DET		PROG	SUB	ELE				PROJECT	TK	PH
					2003									

COST CODE	FIPS	PSD	AGENCY REFERENCE	INVOICE		DUE DATE	REFERENCE DOC	
				DATE	NUMBER	MM DD YY	NUMBER	SX

DESCRIPTION	CURRENT DOCUMENT		SUBSIDIARY ACCOUNT	MULTI-PURPOSE	1099	CHECK IF CONTINUATION SHEET ATTACHED
	NUMBER	SX				

FORM DA-02-181 (7-86)

Voucher No.

COMMONWEALTH OF VIRGINIA
REVENUE REFUND VOUCHER
CONTINUATION SHEET

Name and Address of Refund Recipient

CITY	STATE	ZIP
VENDOR ID	SUFFIX	

Name of Agency

Receipt/Refund No.

Date

Registration/Account No

Description of Refund	Amount
Total	-