

LIHEAP PROGRAM REFUND

VENDOR NAME AND ADDRESS

VENDOR NUMBER

USE THIS FORM TO PROVIDE DATA NEEDED TO ENSURE
PROPER CLIENT CREDIT FOR REFUND

SEND TO: **COMMONWEALTH OF PENNSYLVANIA**
DHS - LIHEAP REFUNDS (WOB 224)
P.O. BOX 2675
HARRISBURG, PA 17105-2675



If you have more than one
vendor number, use the
number under which the
original payment was made.

MAKE CHECK OUT TO: COMMONWEALTH OF PENNSYLVANIA

IF YOU HAVE QUESTIONS - CALL THE LIHEAP VENDOR
HOTLINE AT 1-877-537-9517.

CLIENT INFORMATION	AMOUNT BEING REFUNDED	PROGRAM YEAR OF PAYMENT BEING REFUNDED	PROGRAM COMPONENT (CHECK ONE)			REASON FOR REFUND
			CASH	CRISIS	SUP.	
INDIVIDUAL NUMBER OR CUSTOMER SSN						
CLIENT NAME (Last, First, M.I.)						
ADDRESS (Include Street, City, State)						
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CLIENT NAME (Last, First, M.I.)						
ADDRESS (Include Street, City, State)						

SIGNATURE (VENDOR)

DATE