

# LIHEAP PROGRAM REFUND

VENDOR NAME AND ADDRESS

VENDOR NUMBER

MAKE CHECK OUT TO: COMMONWEALTH OF PENNSYLVANIA

PROVIDE ALL DATA TO ENSURE CORRECT  
CUSTOMER CREDIT FOR REFUND

SEND TO: **COMMONWEALTH OF PENNSYLVANIA**  
**DHS - LIHEAP REFUNDS**  
**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.

By submitting a refund to DHS, the LIHEAP vendor agrees that the amount the vendor writes below for each household is accurate. Once the vendor returns these federal funds to the commonwealth, the commonwealth cannot return these funds or any portion thereof to the vendor. **For this reason, LIHEAP Vendors should accurately evaluate their records and ensure the accuracy of LIHEAP refunds before submitting them to the Commonwealth of Pennsylvania.** Vendors may contact the Vendor Unit at 1-877-537-9517 to verify dates and amounts of LIHEAP grants received by households before sending a refund check.

CUSTOMER INFORMATION	AMOUNT BEING REFUNDED	PROGRAM YEAR OF PAYMENT BEING REFUNDED	PROGRAM COMPONENT (CHECK ONE)			REASON FOR REFUND
			CASH	CRISIS	SUP.	
DHS INDIV # (provided on LIHEAP Payment Voucher)						
CUSTOMER NAME (Last, First, M.I.)						
ADDRESS (Include Street, City, State)						
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ADDRESS (Include Street, City, State)						

VENDOR REPRESENTATIVE SIGNATURE

DATE