**ARKANAS ADMINISTRATIVE INFORMATION SYSTEM**

**Customer Refund for External Entity**

| | | | |
|---|---|---|---|
| **Document Type AB** | **Date:** | **Refunding Agency:** | |

**Refunding Agency**

| | | | | | |
|---|---|---|---|---|---|
| **Agency Contact Information:** | | | | | |
| **Contact Person** | | **Phone #** | | **Email** | |

| Line | D/C | GL Account | Amount | Bus. Area | AASIS Fund | Assignment Number | Text: AASIS Document | AASIS Cost Center | WBS Element | Internal Order |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | **01** | **XXXXXXXXXX** | | | | | | | | |
| 2 | **50** | **5110002000** | | | | | | **XXXXXXXXXXX** | **XXXXXXXXXXX** | **XXXXXXXXXXX** |

| | | | | |
|---|---|---|---|---|
| **State Treasurer only:** | Treasurer Document Number: | | Date: | |
| **Office of Accounting Use Only** | AASIS Document Number: | | Date: | |