

SMA Refund Reimbursement Form:

Vendor ID: 789789789

Vendor Name: Gamma Inc

Street Address: 789 Pine Ave
Los Angeles, CA 90001

Invoice No. INV003

Invoice Date July 06, 2025

Refund Amount \$ \$144.26

Distribution Coding 144.2899998.000000.00.00000.000.000

Description: Account Termination

Original Invoice No. & Amount	ORI003	\$1,836.54
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Pro-rated Invoice No. & Amount	PR003	\$1,692.28
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Preparer SMA Ops Billing Team

Approver Eric Spires

Coupa Description: Please add Watcher Group: AMRSPI