

SMA Refund Reimbursement Form:

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|---------------------|-------------------------------------|--------|------------|
| Vendor ID: | 123123123 | | |
| Vendor Name: | Acme Corp | | |
| Street Address: | 123 Main St | | |
| | Suite 100 | | |
| | New York, NY 10001 | | |
| Invoice No. | INV001 | | |
| Invoice Date | July 06, 2025 | | |
| Refund Amount \$ | \$392.37 | | |
| Distribution Coding | 144.2899998.000000.00.00000.000.000 | | |
| Description: | Account Termination | | |
| | Original Invoice No. & Amount | ORI001 | \$2,258.44 |
| | Pro-rated Invoice No. & Amount | PR001 | \$1,866.07 |
| Preparer | SMA Ops Billing Team | | |
| Approver | Eric Spires | | |
| Coupa Description: | Please add Watcher Group: AMRSPI | | |