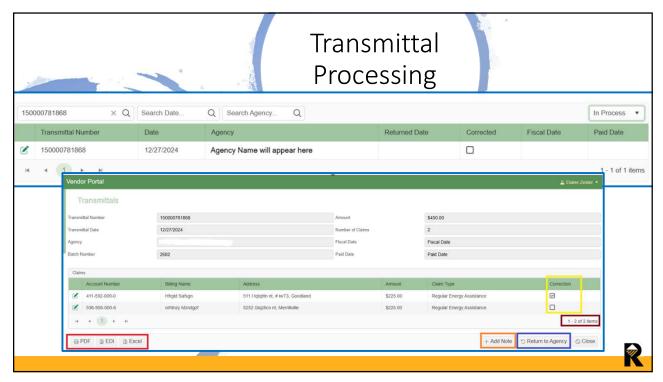
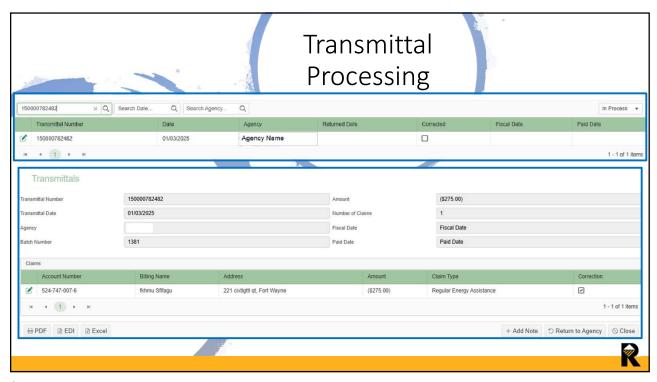


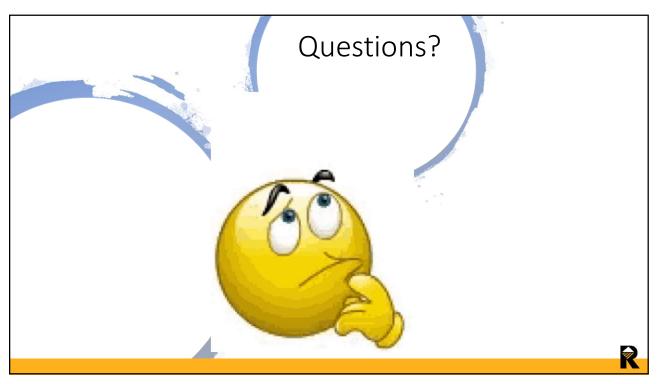
Vendor Portal-Search and Sort Welcome VENDOR When "Returned" is selected at the right, this column is the focus Q Search Date Q Search Agency. Search Transmittal Num. Transmittal Numb Fiscal Date 150000784154 09/16/2025 Agency Name 09/16/2025 09/16/2025 09/16/2025 150000784158 Agency Name 09/16/2025 09/16/2025 09/16/2025 09/16/2025 150000784144 09/16/2025 09/16/2025 09/18/2025 09/12/2025 Agency Name 150000784146 09/16/2025 09/16/2025 09/18/2025 09/12/2025 Agency Name 150000784148 09/16/2025 09/18/2025 Agency Name 09/16/2025 09/12/2025

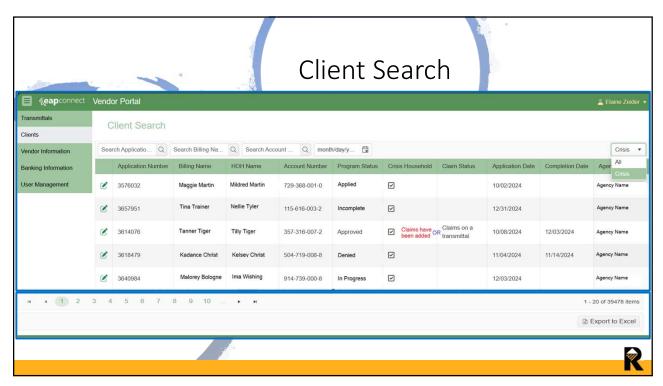
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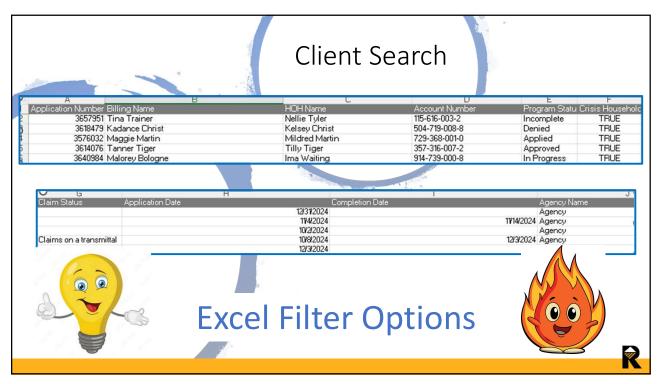


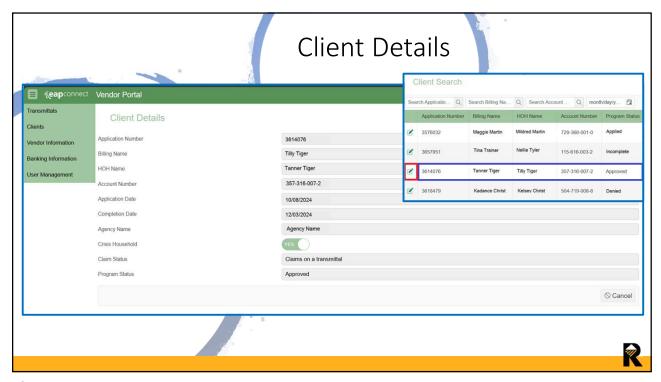
| | | Transmi ⁻ Process | | |
|------------------|---|--|---------------------------|------|
| Claim Details | | | | |
| ansmittal Number | 150000781868 | Amount | \$450.00 | |
| ansmittal Date | 12/27/2024 | Number of Claims | 2 | |
| gency | | Fiscal Date | Fiscal Date | |
| atch Number | 2682 | Paid Date | Paid Date | |
| count Number | 411-592-009-0 | Amount | \$225.00 | |
| lling Name | Safsgn , Hfrgld | Claim Type | Regular Energy Assistance | |
| ddress | 511 I tqtqittn nt # iwT3 | Account Status | Approved | |
| | Goodland, IN 47948-8032 | USF Tier | 1 | |
| oplication Date | 11/13/2024 | HOH codes | E | |
| pplicant Name | Safnsgn, Hfrgld | | | |
| prrection | Please change the account number to 414-592-009-0, as cli | | | |
| orrection Note | Prease change the account number to 414-052-009-0, as on | ent moveo 23 South Street III Socoulano. | | |
| | | | | Sáve |

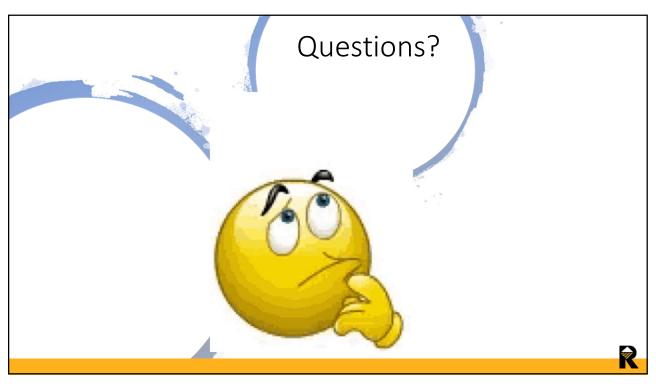


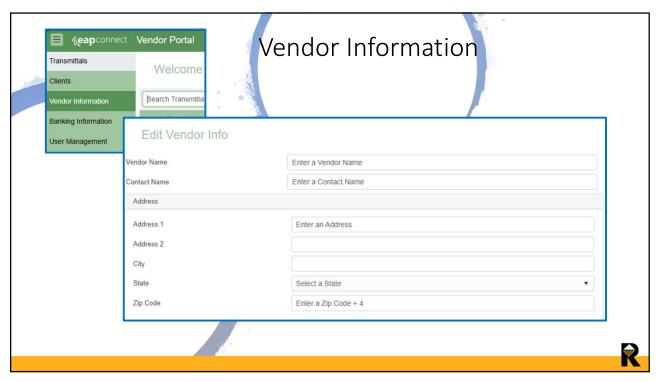


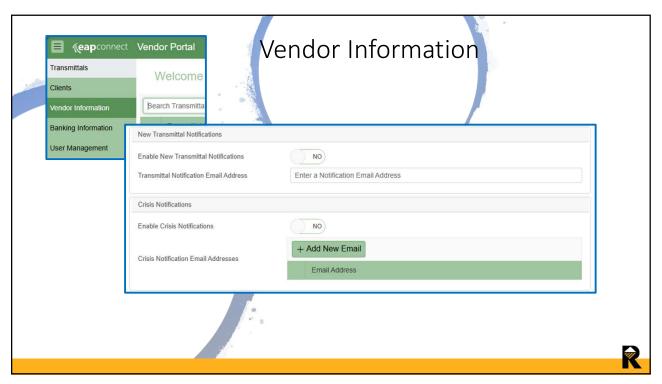


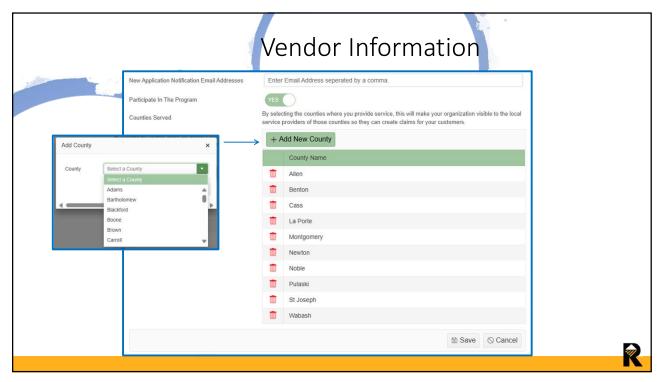


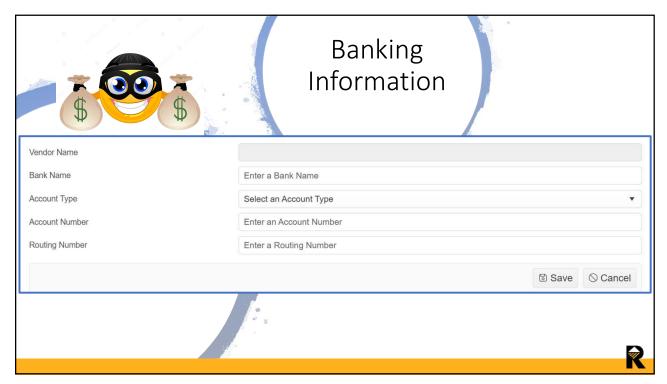


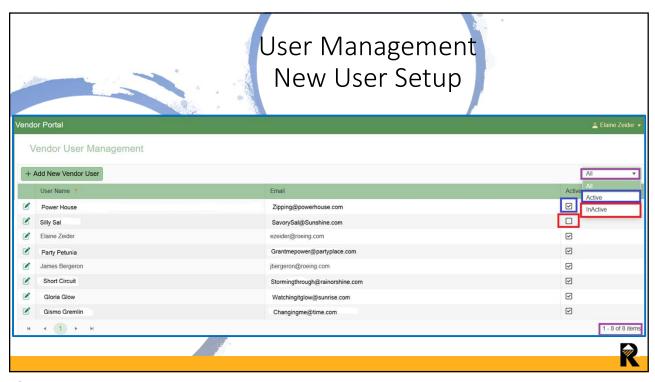


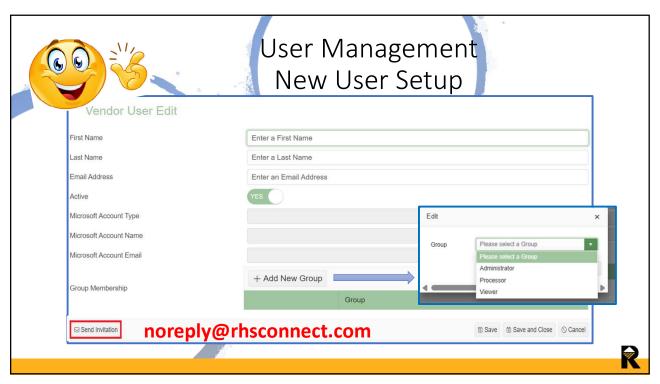


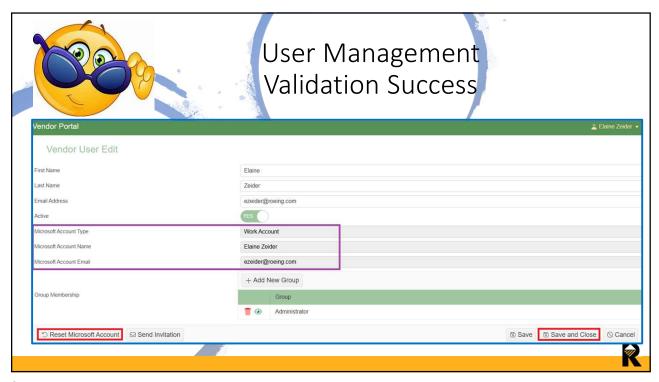


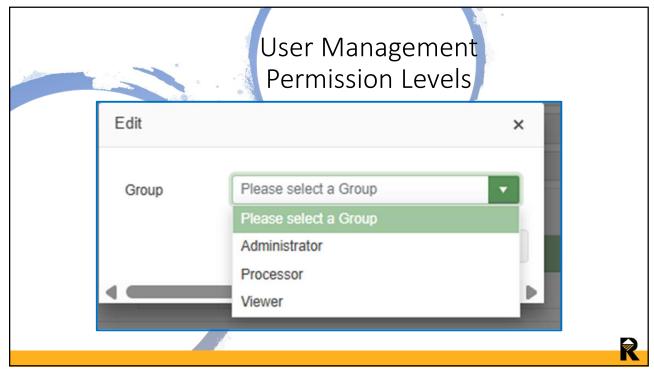


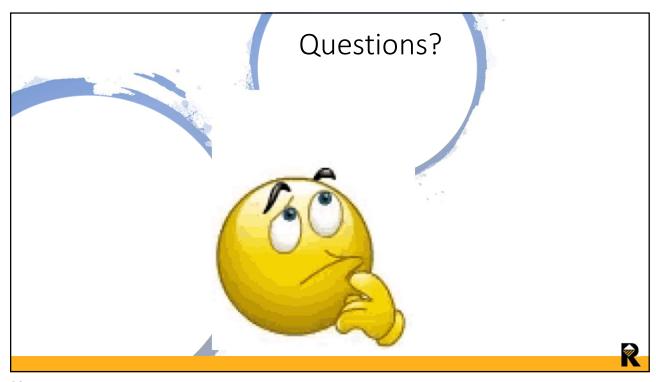


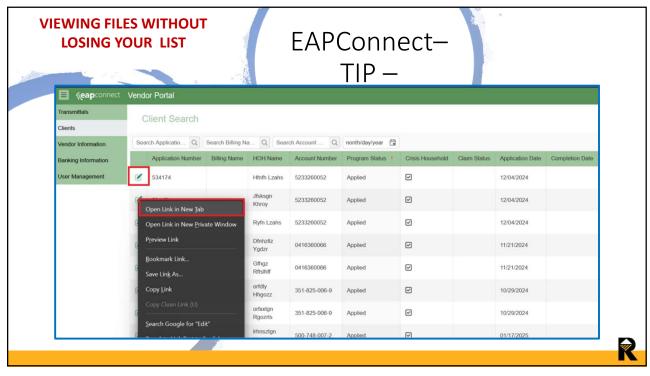


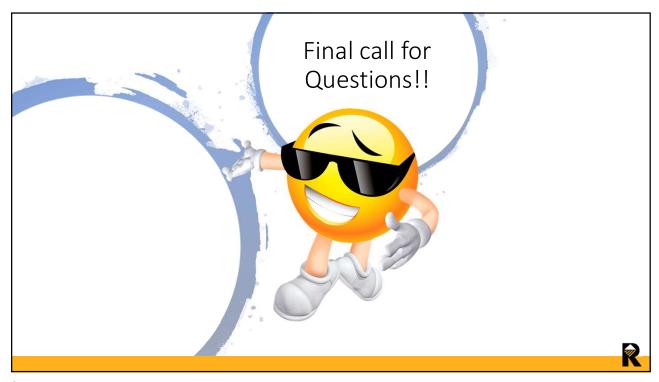














Feedback Survey

Please scan the QRCode and complete the survey to provide valuable feedback.

It will take approximately 2 minutes of your time.
Thank you!



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