

VENDOR NAME AND ADDRESS  <b>R &amp; R NURSERY AND LANDSCAPE</b> <b>PO BOX 393</b> <b>EAGLE CREEK, OR 97022</b>	AGENCY NUMBER <b>2150</b>	LOCATION CODE
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)		
RECEIVED BY <b>BUSINESS OFFICE</b>		DATE RECEIVED

AGENCY P.R. OR AUTHORIZATION NUMBER  
**REFUND**

AGENCY NAME AND LOCATION  
**UTILITIES AND TRANSP. COMM.**  
**1300 S. EVERGREEN PK DRIVE S.W.**  
**P.O. BOX 47250**  
**OLYMPIA, WA 98504-7250**

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

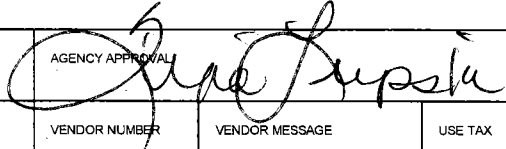
STAPLE INVOICES ON BACK

REVENUE REFUND – Carrier withdrew CC Permit Application.

RECEPTION OR FIELD RECEIPT NUMBERS 31936 DATED 4/20/11 \$275.00

Note – card holder Denise Alto.

*KVC*

PREPARED BY <b>KEN CHAPMAN</b>				TELEPHONE NUMBER <b>664-1229</b>				DATE <b>6/23/11</b>				AGENCY APPROVAL 				DATE <b>6/23/11</b>	
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.				REF. DOC. NO.		VENDOR NUMBER <b>VOD1</b>			VENDOR MESSAGE		USE TAX		UBI NUMBER
REF DOC SUF	TRANS CODE	M O D	FUN D	MASTER INDEX APPN INDEX	PROGRAM INDEX	SU B OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/ TOWN MOS	PROJEC T	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER	
	<b>198</b>		<b>111</b>			<b>02</b>	<b>68</b>								<b>\$275.00</b>	<b>REFUND</b>	
ACCOUNTING APPROVAL FOR PAYMENT										DATE				WARRANT TOTAL \$275.00		WARRANT NUMBER	