

<b>VENDOR NAME AND ADDRESS</b>  Angkhana Poonkawin 932 E 55 <sup>th</sup> St. Tacoma, WA 98404	<b>AGENCY NUMBER</b>	<b>LOCATION CODE</b>
	<b>2150</b>	
	<b>AGENCY P.R. OR AUTHORIZATION NUMBER</b>	
	<b>REFUND</b>	
	<b>AGENCY NAME AND LOCATION</b>	
	<b>UTILITIES AND TRANSP. COMM.</b> <b>1300 S. EVERGREEN PK DRIVE S.W.</b> <b>P.O. BOX 47250</b> <b>OLYMPIA, WA 98504-7250</b>	
<b>FEDERAL I.D. NO. OR SOCIAL SECURITY NO.</b> (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)	<b>RECEIVED BY</b>	<b>DATE RECEIVED</b>
	<b>BUSINESS OFFICE</b>	

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

STAPLE INVOICES ON BACK

REVENUE REFUND –The company is withdrawing their Common Carrier application.

RECEPTION OR FIELD RECEIPT NO. 54960 DATED 08/20/2014 \$275.00

<b>PREPARED BY</b> Mike Dotson				<b>TELEPHONE NUMBER</b> 664-1223				<b>DATE</b> 08/28/2014				<b>AGENCY APPROVAL</b>				<b>DATE</b>			
<b>DOC. DATE</b>		<b>PMT DUE DATE</b>		<b>CURRENT DOC. NO.</b>				<b>REF. DOC. NO.</b>				<b>VENDOR NUMBER</b> VOD1		<b>VENDOR MESSAGE</b>		<b>USE TAX</b>		<b>UBI NUMBER</b>	
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			
	198		111			02	68								\$100	REFUND			
<b>ACCOUNTING APPROVAL FOR PAYMENT</b>										<b>DATE</b>				<b>WARRANT TOTAL \$275.00</b>		<b>WARRANT NUMBER</b>			