FORM A 19-1A (Rev. 5/91)

Payments to I.R.S.



STATE OF WASHINGTON

INVOICE VOUCHER

AGENCY NAME

Utilities and Transportation Commission PO Box 47250 Olympia, Washington 98504-7250

VENDOR OR CLAIMANT (Warrant is to be payable to)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For reporting Personal Services Contract

Washington Eastern Railroad, LLC 1027 S. Main St. Suite 403 Joplin, MO 64801

| AGENCY USE ONLY | | | | | | |
|-----------------|---------------|-------------------|--|--|--|--|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. | | | | |
| 2150 | | | | | | |

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or pi∮abled veterans status.

| BY | Br Could | |
|-------|------------------|---------------|
| | (SIGN IN INK) | |
| Senio | r Vice President | June 12, 2023 |
| | (TITLE) | (DATE) |
| | | |

DOCKET#

| Payments to I.R.S. | | | | | | | TR-220074 | | | | |
|---|--|---------------|------------------|----------------|----------------------|--------------|-----------|----------|---------|--------|----------------|
| | | | | | | | | | | | |
| Amount authorized (granted): | | | | | \$20,000.00 | | | | | | |
| Actual Cost of Project: | | | | | \$22,7 | \$22,734.24 | | | | | |
| Amount Requested for Reimbursement* | | | | \$20,0 | \$20,000.00 | | | | | | |
| *Note | e: all ex | penditu | res must b | e itemiz | zed on a | Expendit | ure Sun | nmary Re | eport | | |
| COMMEN | | | | | | | | | | | |
| PREPARED BY TELEPHONE NUMBER DATE Kim Anderson 360-664-1153 | | | | | AGENCY APPROVAL DATE | | | DATE | | | |
| DOC. DA | C. DATE: CURRENT DOC. NO.: REF DOCUMENT NUMBER: EXCEPTION OF TR- | | PTION CODE: | DDE: 04 | | | | | | | |
| TRANS CODE | FUND | APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OBJECT | ORG INDEX | PROJEC | T SU | | AMOUNT | INVOICE NUMBER |
| 21_ | 080 | 030 | 00514 | NZ | | 0210 | | | | | TR- |
| | | | | | | | | | | | |
| ACCOUNT | NG APPRO | /AL FOR PAY | MENT | | | DATE | | WARRA | NT TOTA | L | WARRANT NUMBER |
| | | | | | | | | | | | |

TIBE CLIMANA

| | ion: Itemize all expenditures below Date Vendor/Employee Check # Amount MD-4, Program 6/5/23 CDL Electric 16,771.60 | | | | | | | |
|--|---|-----------------|-----------|-----------|--|--|--|--|
| <mark>Grantee Name:</mark> WER Craig DOT#066235T MP 6.7 | | | | | | | | |
| Cost Information: Itemize all 6 | Cost Information: Itemize all expenditures below | | | | | | | |
| Description | Date | Vendor/Employee | Check # | Amount | | | | |
| Install Alstom PMD-4, Program | 6/5/23 | CDL Electric | | 16,771.60 | | | | |
| NBS, Narrow Band Shunt | 6/5/23 | CDL Electric | | 1,131.05 | | | | |
| Testing, Documentation, AIS Drawings | 6/5/23 | CDL Electric | | 1,800.00 | | | | |
| Required Sundries | 6/5/23 | CDL Electric | | 1,173.60 | | | | |
| | | | | | | | | |
| | | | SUBTOTAL | 20,876.25 | | | | |
| | | | TAX | 1,857.99 | | | | |
| | | GRA | AND TOTAL | 22,734.24 | | | | |
| Project Status Complete | | | | | | | | |