

|  |  |                      |
|--|--|----------------------|
| <b>VENDOR NAME AND ADDRESS</b><br><br>Harlow's Bus Service, Inc.<br>PO Box 1107<br>Auburn, WA 98001          | <b>AGENCY NUMBER</b>   | <b>LOCATION CODE</b> |
|  | 2150   |                      |
|  | <b>AGENCY P.R. OR AUTHORIZATION NUMBER</b>   |                      |
|  | REFUND   |                      |
|  | <b>AGENCY NAME AND LOCATION</b>  |                      |
|  | UTILITIES AND TRANSP. COMM.<br>1300 S. EVERGREEN PK DRIVE S.W.<br>P.O. BOX 47250<br>OLYMPIA, WA 98504-7250 |                      |
| <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> |
|  | BUSINESS OFFICE  |                      |

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

STAPLE INVOICES ON BACK

REVENUE REFUND – Carrier paid regulatory fees for school buses that we don't regulate.

RECEPTION OR FIELD RECEIPT NO. 33386 DATED 08/02/11

| <b>PREPARED BY</b><br>Tina Leipski <i>Tina</i> |            |                     | <b>TELEPHONE NUMBER</b><br>664-1170 |                         |               | <b>DATE</b><br>09/14/11 |                |                              | <b>AGENCY APPROVAL</b><br><i>Colleen Smith</i> |                       |               | <b>DATE</b><br>9-14-11 |                               |           |                       |                |
|--|------------|---------------------|-------------------------------------|-------------------------|---------------|-------------------------|----------------|------------------------------|--|-----------------------|---------------|------------------------|-------------------------------|-----------|-----------------------|----------------|
| <b>DOC. DATE</b>                               |            | <b>PMT DUE DATE</b> |                                     | <b>CURRENT DOC. NO.</b> |               | <b>REF. DOC. NO.</b>    |                | <b>VENDOR NUMBER</b><br>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             |                              |  |                       |               |                        |                               |           | \$250.00              | REFUND         |
|  |            |                     |                                     |                         |               |                         |                |                              |  |                       |               |                        |                               |           |                       |                |
|  |            |                     |                                     |                         |               |                         |                |                              |  |                       |               |                        |                               |           |                       |                |
|  |            |                     |                                     |                         |               |                         |                |                              |  |                       |               |                        |                               |           |                       |                |
|  |            |                     |                                     |                         |               |                         |                |                              |  |                       |               |                        |                               |           |                       |                |
|  |            |                     |                                     |                         |               |                         |                |                              |  |                       |               |                        |                               |           |                       |                |
|  |            |                     |                                     |                         |               |                         |                |                              |  |                       |               |                        |                               |           |                       |                |
|  |            |                     |                                     |                         |               |                         |                |                              |  |                       |               |                        |                               |           |                       |                |
|  |            |                     |                                     |                         |               |                         |                |                              |  |                       |               |                        |                               |           |                       |                |
| <b>ACCOUNTING APPROVAL FOR PAYMENT</b>         |            |                     |                                     |                         |               |                         |                |                              |  | <b>DATE</b>           |               |                        | <b>WARRANT TOTAL \$250.00</b> |           | <b>WARRANT NUMBER</b> |                |



1300 South Evergreen Park Drive SW  
PO Box 47250  
Olympia, WA 98504-7250  
Phone (360) 664-1222  
Fax (360) 586-1181  
Web Site: [www.wutc.wa.gov](http://www.wutc.wa.gov)

### CHARTER AND EXCURSION REGULATORY FEE

Company Name Harlow's Bus Service, Inc  
 Company Address 1240 WEST MAIN P.O. BOX 1107  
 Company City PUYALLUP State WA Zip 98001  
 Company Permit Number Applied For

In accordance with RCW 81.70.350 "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.

*These were for school buses*

1. Total number of vehicles operated 10  
 2. Total Regulatory Fees owed (enter amount from line 1) 10 X 25.00 = \$250.00

*not needed*

**There is a minimum fee of \$25.00**

**#0349540**

Cash   
  Check   
  Money Order   
  AMEX   
  MasterCard   
  Visa   
 Exp Date Month/Year

Credit Card Information (if applicable) \_\_\_\_\_

Amount \$ 250.00

*NAME ON CARD MARU SKAR*  
*[Signature]*

#### CERTIFICATION:

I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

NAME (Printed): MARU SKAR

SIGNATURE: [Signature] DATE: 8/2/11

*For Commission Use Only* Master Card

Reception Number: 033386 Ref. No.: \_\_\_\_\_

001-111-02-68-232-01: 250.- 001-111-02-68-032-05: \_\_\_\_\_