

VENDOR NAME AND ADDRESS  <b>MIGUEL A AVILA</b> <b>1305 N WENATCHEE AVE #8</b> <b>WENATCHEE, WA 98801</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 36054 DATED 12/8/11 \$275.00

Note -- card holder Denise Alto.

*ruc*

*[Handwritten Signature]* DATE *2/9/12*

PREPARED BY <b>KEN CHAPMAN</b>				TELEPHONE NUMBER <b>664-1229</b>				DATE <b>2/9/2012</b>		AGENCY APPROVAL <i>[Signature]</i>				DATE <i>2/9/12</i>		
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 APPN INDEX	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	