+STATE OF WASHINGTON
A 19-2A VOUCHER DISTRIBUTION
(REV. 1/91)

VENDOR NAME AND ADDRESS	AGENCY NUMBER	LOCATION CODE
THOMAS MALCOLM CASS 1210 E. 19TH AVE KENNEWICK, WA 99337	2150	
	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	
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)	RECEIVED BY BUSINESS OFFICE	DATE RECEIVED

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 37815 DATED 3/1/12 $275.00

Note -- card holder Denise Alto.

KWC 3/6/2012

PREPARED BY	TELEPHONE NUMBER	DATE	AGENCY APPROVAL	DATE
KEN CHAPMAN	664-1229	3/6/2012		3/6/12

DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF. DOC. NO.	VENDOR NUMBER	VENDOR MESSAGE	USE TAX	UBI NUMBER
				VOD1			

REF DOC SUF	TRANS CODE	MOD	FUND	MASTER INDEX APPN INDEX	MASTER INDEX PROGRAM INDEX	SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/ TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
	198		111			02	68								$275.00	REFUND

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL $275.00	WARRANT NUMBER