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

VENDOR NAME AND ADDRESS	AGENCY NUMBER	LOCATION CODE
	2150	

STEPHENS ORCHARDS, INC.
1054 ORCHARDVALE RD.
ZILLAH, WA 98953

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	DATE RECEIVED
	BUSINESS OFFICE	

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED   STAPLE INVOICES ON BACK

REVENUE REFUND – REFUND COMMON CARRIER APPLICATION—CARRIER WITHDREW APPLICATION

RECEPTION OR FIELD RECEIPT NO.   0004420 $275.00   DATED 06-04-07

PREPARED BY TINA LEIPSKI	TELEPHONE NUMBER 664-1170	DATE 07-23-07	AGENCY APPROVAL Colleen Smith	DATE 7/23/07

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

REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SU B 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	WARRANT NUMBER
		$	