

*RTSV*

VENDOR NAME AND ADDRESS  <b>3 D SYSTEMS LLC.</b> <b>16840 MEVILLE ST SE</b> <b>TENINO, WA 98589</b>	AGENCY NUMBER <b>2150</b>	LOCATION CODE
	AGENCY P.R. OR AUTHORIZATION NUMBER <b>REFUND</b>	
	AGENCY NAME AND LOCATION  <b>UTILITIES AND TRANSP. COMM.</b> <b>1300 S. EVERGREEN PK DRIVE S.W.</b> <b>P.O. BOX 47250</b> <b>OLYMPIA, WA 98504-7250</b>	
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

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

STAPLE INVOICES ON BACK

REVENUE REFUND – CC reinstatement application...customer withdrew effective 4/16/08.

RECEPTION OR FIELD RECEIPT NO. 05686 DATED 01-22-08 \$100.00 -REFUND **0008620**

*200-02 <100.00>*

PREPARED BY <b>KEN CHAPMAN</b> <i>KWC</i>		TELEPHONE NUMBER <b>664-1229</b>		DATE <b>5/27/08</b>		AGENCY APPROVAL <i>Colleen Smith</i>				DATE <b>4/17/08</b>						
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	FUND	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	<i>200 02</i>							\$100.00	REFUND
ACCOUNTING APPROVAL FOR PAYMENT <i>[Signature]</i>										DATE		WARRANT TOTAL <del>\$275.00</del> <b>100.00</b>		WARRANT NUMBER		