

VENDOR NAME AND ADDRESS  <b>CHRISTIE LACHENMAIER          502 S. SKIPWORTH CT.          SPOKANE VALLEY, WA 99206</b>	AGENCY NUMBER	LOCATION CODE
	<b>2150</b>	
	AGENCY P.R. OR AUTHORIZATION NUMBER <b>REFUND</b>	
AGENCY NAME AND LOCATION <b>UTILITIES AND TRANSP. COMM.          1300 S. EVERGREEN PK DRIVE S.W.          P.O. BOX 47250          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 – Carrier requested to withdraw application and refund application fee.

RECEPTION OR FIELD RECEIPT NO. 11318 DATED 6-23-08 \$275.00

PREPARED BY <b>TINA LEIPSKI</b> <i>Tina</i>			TELEPHONE NUMBER <b>664-1170</b>			DATE <b>9/25/08</b>			AGENCY APPROVAL <i>Colleen Smith</i>			DATE <b>9/25/08</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
	<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 <b>\$275.00</b>		WARRANT NUMBER	