

VENDOR NAME AND ADDRESS JOSE A.ROJAS 2401 RIVER ROAD YAKIMA, WA 98902	AGENCY NUMBER 2150	LOCATION CODE
	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. Carrier charged \$275.00.
 REFUND DUE - \$275.00

RECEPTION OR FIELD RECEIPT NO. 17688 DATED 03/26/09 \$275.00

iw *iw*

PREPARED BY KEN CHAPMAN				TELEPHONE NUMBER 664-1229				DATE 5/27/09				AGENCY APPROVAL <i>Colleen Smith</i>				DATE 5-28-09			
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	PROJEC T	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			