| 27. 17017 | | | | | |
|--|--|-------------------------------------|--|--|--|
| VENDOR NAME AND ADDRESS | AGENCY NUMBER | LOCATION CODE | | | |
| ROD LEVEGOOD 26194 ANSELL RD | | AGENCY P.R. OR AUTHORIZATION NUMBER | | | |
| | REPOND | | | | |
| POULSBO, WA 98370 | AGENCY NAME ANI | AGENCY NAME AND LOCATION | | | |
| | UTILITIES AND TRA 1300 S. EVERGREEI P.O. BOX 47250 OLYMPIA, WA 9850 | N PK DRIVE S.W. | | | |
| 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 - Withdrew CC application

RECEPTION OR FIELD RECEIPT NO. 18746 DATED 4-15-09 \$275.00

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| TINA LEIPSKI | | | | TELEPHONE NUMBER 664-1170 | | | DATE 6/5/09 | | AGENCY SMITH | | | | | | 5-6-09 | |
| DOC. DATE | | PMT DUE DATE | | CURRENT DOC. NO. | | REF. DOC. NO. | | VENDOR NUMBER | | VENDOR MESSAGE | | | USE TAX | UBI NUMBER | | |
| REF DOC SUF | TRANS CODE | M O D | FUND | MASTER I APPN INDEX | 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 |
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| ACCO | UNTING | APPRO | VAL FO | R PAYME | I ENT | ! | | L | | DATE | | 1 | <u> </u> | <u>I</u> | WARRANT TOTAL \$275.00 | WARRANT NUMBER |