

VENDOR NAME AND ADDRESS  <b>ROBERT IRELAND</b> 361 N. OLD PACIFIC HWY MYRTLE CREEK, OR 97457	AGENCY NUMBER  <b>2150</b>	LOCATION CODE
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

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

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. 18340 DATED 4-27-09 \$275.00

PREPARED BY <b>TINA LEIPSKI</b> <i>Tina</i>			TELEPHONE NUMBER <b>664-1170</b>			DATE <b>5/28/09</b>		AGENCY APPROVAL <i>Colleen Smith</i>				DATE <b>5/29/09</b>				
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 APPM 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	